

HEALTH
INSURANCE



Irish Life
health

Membership Handbook

Health Plans



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Thank you for choosing Irish Life Health



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Words in bold italics in this Membership Handbook are defined terms. These are words or phrases commonly used in the private health insurance industry. If *you* don't understand any of these terms, *you* can find full explanations in the Definitions section at the end of this Membership Handbook.

1 YOUR CONTRACT

EVERYTHING YOU NEED TO KNOW ABOUT YOUR POLICY

Your contract with us is made up of the following:

- > Your Membership Handbook
- > Your completed Application Form, whether completed by you or on your behalf (if applicable)
- > Your Membership Certificate, which sets out your plan, your membership number, your commencement date and your next renewal date
- > Your Table of Cover, which outlines the benefits in your plan and which List of Medical Facilities applies to your plan
- > The Schedule of Benefits, which sets out the treatments and procedures we cover
- > The General Practitioners Fees for Surgical Procedures Booklet (“GP Booklet”) which sets out the treatments and procedures you’ll be covered for when they are provided by your GP in their surgery
- > The Lists (explained below)
- > Terms of Business
- > Data Protection Statement

Health insurance policies are contracts between the insurer and the policyholder, because the policyholder (or in some cases their employer) is the person who has arranged and paid for the policy. However, the terms and conditions of this contract will apply to all plans and all claims made under the policy. Therefore where we refer to ‘you’ and ‘your’ throughout this Membership Handbook, we refer to both the policyholder and the member(s) listed on the policy. This also applies to members of group schemes. If you are a member of a group scheme where your employer has arranged your cover and is paying all or part of your premium, the Group Schemes section in this Membership Handbook will also apply to you.

You must ensure that the information that is provided to us when you are taking out a policy (whether in an application form or otherwise) is accurate and complete (even where the information is being provided to us by someone on your behalf). Otherwise it could mean we won’t pay a claim under the policy and some or all of the members’ plans under the policy may be cancelled. This may also cause difficulty should you wish to purchase health insurance elsewhere.

UNDERSTANDING YOUR COVER

Health insurance cover can be difficult to understand so to help you check your cover we have set out a checklist below. We understand that it may be difficult for you to figure out whether you are covered yourself so if you’re in any way unsure, please call us on (021) 480 2040 and we’ll walk you through it. In fact we would always advise you to check your cover with us before undergoing any procedure or treatment or being admitted to a medical facility. When checking your cover with us you will need to tell us where you intend to have the procedure or treatment performed; the name of your health care provider and the procedure/treatment code. You can get this information from your health care provider.

The checklists below explain what to look for to see if you are covered under your Day-to-day Benefits, Out-patient Benefits or In-patient Benefits. You will notice that some of your benefits will be classed as Maternity Benefits or Other Benefits on your Table of Cover. Some of these benefits are claimed as Out-patient Benefits or In-patient Benefits and the checklists below will apply to these.

Day-To-Day Benefits and Out-patient Benefits	
What to look for	Where to check
<ul style="list-style-type: none"> > Is the benefit covered under your plan? > How much will we pay? > Is there an excess? 	Your Table of Cover
<ul style="list-style-type: none"> > What terms and conditions apply to the benefit? > Does a waiting period apply? > How can you claim? 	Your Membership Handbook
<ul style="list-style-type: none"> > What does the benefit cover? > Are there any further criteria? 	The Lists (if applicable)

In-patient Benefits	
What to look for	Where to check
<ul style="list-style-type: none"> > Is the treatment or procedure an established treatment? > Is the treatment or procedure medically necessary? > Is your health care provider registered with Irish Life Health and a participating health care provider? > Will you be admitted to a medical facility and if so which one? > If not, where will you be having your procedure or treatment performed? 	Your health care provider
<ul style="list-style-type: none"> > Is your treatment or procedure covered (is it listed in the Schedule of Benefits)? > Do any clinical indicators apply and do you meet them? > Does your treatment or procedure need to be pre-authorised? > Is your treatment or procedure covered when it is carried out by the type of health care provider you are attending (i.e. is it covered when carried out by a GP, dentist, oral surgeon, periodontist)? > If your treatment or procedure is not going to be performed in a hospital or treatment centre, is it covered when it is carried out in your health care provider’s rooms? 	The Schedule of Benefits or your health care provider
<ul style="list-style-type: none"> > Which List of Medical Facilities applies to you? > What’s your level of cover? i.e. Do you need to pay an excess, shortfall or co-payment? 	Table of Cover
<ul style="list-style-type: none"> > If you are being admitted to a medical facility, is it included in the Lists of Medical Facilities covered under your plan? > Does a waiting period apply? > How can you claim? > Are there any further criteria? 	Your Membership Handbook

As you can see, you will need to take many factors into account to see whether your health expenses are covered. Below is a short explanation of the contractual documents and other factors that you need to take into account to see if you are covered.

MEMBERSHIP HANDBOOK

This document:

- > will help guide you through your health insurance cover
- > explains the general terms and conditions of your contract with us
- > explains all our benefits including the terms and conditions which apply to each (but please note that all these benefits may not be available on your plan)
- > sets out the things that are not covered under your plan
- > explains how to make a claim

Section 12 of this Membership Handbook contains tables which show the medical facilities that are covered under our plans. They also show if we pay them directly (known as direct settlement) or if you need to pay them yourself and claim this back from us. You will be covered for the medical

facilities specified in one of four lists shown in the tables (*your* “List of Medical Facilities”). *Your* Table of Cover shows which List of Medical Facilities applies to *you*.

TABLE OF COVER

Your Table of Cover sets out the *benefits* that are available under *your plan*.

THE SCHEDULE OF BENEFITS AND GP BOOKLET

The Schedule of Benefits sets out the *treatments* and *procedures* we cover and which of these need to be *pre-authorised*. It shows the *clinical indicators* that must be present in order for a *procedure* or *treatment* to be covered. It also specifies that certain *treatments* and *procedures* will only be covered if they are performed by a certain type of *health care provider* or if they are performed in a certain place (i.e. in a hospital).

The GP Booklet sets out the *procedures* and *treatments* that *we* will cover when they are carried out by *your GP* in their surgery. It also shows which of these *procedures* and *treatments* require *pre-authorisation* and sets out any *clinical indicators* that apply.

Both of these documents contain medical language which is really designed to be read by doctors and *consultants*. For this reason, *we* would advise *you* to contact *us* or *your health care provider* before undergoing *your procedure* or *treatment* to confirm whether it will be covered by *us*. The Schedule of Benefits and the GP Booklet can be accessed on our website at Irishlifehealth.ie or a hard copy can be requested from *us*.

THE LISTS

These Lists show what is covered under certain *benefits* and in some cases contain criteria which must be satisfied before the *benefit* will apply. *We* will let *you* know throughout this Membership Handbook or in *your* Table of Cover when it is necessary to refer to a List in connection with a *benefit*. The Lists are available on our website Irishlifehealth.ie. The following is a brief explanation of each of the Lists:

1. The List of Special Procedures

This confirms which *procedures* are covered under the Listed Special Procedures *benefit*. See section 2.2 of this Membership Handbook for further information on this *benefit*.

2. The List of Cardiac Procedures

This confirms which *procedures* are covered under the Listed Cardiac Procedures *benefit*. See section 2.2 of this Membership Handbook for further information on this *benefit*.

3. The List of Post-Operative Home Help (POHH) Procedures

The post-operative home help *benefit* is only available following certain *procedures*. These are set out in the List of Post-Operative Home Help (POHH) Procedures.

4. The List of Medical and Surgical Appliances

This list confirms the medical and surgical appliances for which *you* can *claim* a contribution from *us* under the medical and surgical appliances *benefit*. It also sets out the contribution that can be *claimed* for each appliance.

5. The List of Orthopaedic Procedures Subject to Co-Payment

This list specifies the orthopaedic *procedures* where a co-payment applies when such *procedures* are carried out in a private or high-tech hospital.

6. The List of Cardiac Procedures Subject to Co-Payment

This list specifies the cardiac *procedures* where a co-payment applies when such *procedures* are carried out in a private or high-tech hospital.

7. The List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans

This list sets out the *clinical indicators* that must be satisfied for cardiac MRI and cardiac CT scans.

8. The Beacon CARE fertility List of Discounted Treatments

This list sets out the fertility *treatments* on which *you* can *claim* a discount with the Beacon Hospital under the “Fertility treatment at Beacon CARE fertility” *benefit*.

GROUND RULES

We will only cover the costs of *medical care* which our *medical advisers* believe is an *established treatment* which is *medically necessary*. In addition *we* only cover *reasonable and customary costs*.

CLINICAL INDICATORS

In some cases medical criteria known as *clinical indicators* need to be satisfied before our *medical advisers* will consider the *treatment* or *procedure* to be *medically necessary*. If *clinical indicators* apply, they will be set out alongside the *procedure* or *treatment* in the Schedule of Benefits or in the List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans.

PRE-AUTHORISATION

We must *pre-authorise* certain *procedures* and *treatments* before they will be covered. If *your treatment* or *procedure* needs to be *pre-authorised*, this will be specified in the Schedule of Benefits/GP Booklet. To get *pre-authorisation*, *your healthcare provider* must submit a request in writing to *Irish Life Health* in order for *your claim* to be considered for *benefit*. *We* will assess *your request* as soon as possible but in any case within 15 working days.

YOUR HEALTH CARE PROVIDER

In most cases *your treatment* or *procedure* will be carried out by *your consultant* but there are some *treatments* and *procedures* listed in the Schedule of Benefits and GP Booklet which can be performed by *your GP, dentist, oral surgeon* or *periodontist*. The professional fees of health professionals can be covered as an In-patient Benefit, an Out-patient Benefit or a Day-to-day Benefit depending on type of care *you* receive.

Generally when *you* receive a *procedure* or *treatment* that is listed in the Schedule of Benefits, *your health care provider's* fees will be covered under *your* In-patient Benefits. *We* fully cover *health care providers* who are registered with *us* and have agreed to accept payment from *us* in full settlement of their professional fees (i.e. a participating *health care provider*). *You* will have to pay most, or all, of *your health care provider's* fees yourself if they are not registered with *us* or are not participating. Please see section 2.2 of this Membership Handbook for a full explanation about how *your health care provider's* professional fees are covered under *your* In-patient Benefits.

Generally an *out-patient* consultation with a *consultant* or a visit to *your GP* or *dentist* will be covered as a Day-to-day Benefit or an Out-patient Benefit. In these circumstances it doesn't matter if *your consultant/GP/dentist* is registered with *Irish Life Health* or is participating. Day-to-day Benefits and Out-patient Benefits usually allow *you* to *claim* a contribution from *us* towards a certain number of visits to *your consultant/GP/dentist* in *your policy year*. If these *benefits* are available under *your plan*, the amount *you* can *claim* back per visit and the number of visits for which *you* can *claim* will be shown in *your* Table of Cover.

WAITING PERIODS

Your medical expenses will not be covered until after *your* waiting periods have expired. Waiting periods are explained in section 6 of this Membership Handbook.

EXCESS/SHORTFALL/CO-PAYMENT

You will need to pay any **excess**, shortfall or co-payment that applies to a **benefit** or a group of **benefits** under **your plan**. You can't **claim** these expenses back from **us**. You can see if an **excess**, shortfall or co-payment applies by checking **your** Table of Cover. See sections 2.1 and 2.2 of this Membership Handbook for more information on **excesses**, shortfalls and co-payments.

UNDERSTANDING CHANGES TO YOUR COVER

1. Changes to **your plan** on renewal

From time to time **we** alter the **benefits** available under our **plans**. If **we** alter the **plan** that **you** are on, the changes will not affect **you** during **your policy year** but will apply if **you** purchase that **plan** for **your next policy year**. Therefore, it is important to remember that where **you** renew on the same **plan** the **benefits** may not be the same as they were in **your previous policy year**.

2. Changes to **your cover** throughout **your policy year**

In some cases the cover that is available under **your plan** may change throughout **your policy year** for the following reasons:

Changes to the Schedule of Benefits and the GP Booklet

We review and where necessary amend the Schedule of Benefits and GP Booklet four times each year to update the **procedures** and **treatments** that are covered by **us** and the **clinical indicators** that apply to **procedures** and **treatments**. These changes become effective on 1st March, 1st June, 1st September and 1st December each year. **You** can find the most current versions of these on our website

Changes to the Lists of Medical Facilities

We may add **medical facilities** to the Lists of Medical Facilities from time to time. **We** may also need to remove **medical facilities** from the Lists of Medical Facilities if our arrangement with those **medical facilities** ends. The **medical facilities** which will be paid directly by **us** may also change from time to time. See section 2.2 of this Membership Handbook for further details. **You** can find the most current versions of these lists on our website

Changes to The Lists

We may need to make changes to the Lists from time to time to update the **procedures**, **treatments** and appliances that are covered under certain **benefits**. **You** can find the most current versions of these on our website

Changes to the status of health care provider

Your health care provider's status with **us** (i.e. whether they are registered and are a participating **health care provider**) may change from time to time. This means that the amount of their professional fees that **we** will cover may change throughout **your policy year**. **You** can see whether **your health care provider** is registered with **Irish Life Health** and whether they are a participating **health care provider** on our website. Please see section 2.2 of this Membership Handbook for further information on how **your health care provider's** status affects how their fees are covered.

Changes required by law

In the event that **we** are legally required to make changes to any of our contracts, **policies** or **plans**, such changes shall effect **your plan** immediately.

The changes described above are automatically applied to all our **plans** as soon as they occur. **You** and the **members** named on **your policy** should always check the most recent Schedule of Benefits, GP Booklet, The List of Medical Facilities and Lists, and check whether **your health care provider** is registered with **us** and whether they are participating before undergoing any **procedure** or **treatment**, or being admitted to a **medical facility**. **You** can do this yourself by checking the most up to date information on our website or **you** can call **us** and **we** will check this for **you**.

ACKNOWLEDGMENT

By entering this **policy you** are acknowledging that **you** have read this Membership Handbook and understand **your cover**. In particular, **you** are confirming that **you** understand the contractual documents that make up **your contract with us** and that **your cover** may change throughout **your policy year**.

2 YOUR COVER & HOW TO CLAIM

The **benefits** available under **your plan** are shown in **your** Table of Cover. They are divided into different sections mainly due to how they are **claimed** or the type of expenses covered.

The following sections of this Membership Handbook explain the different types of **benefits** offered by **us**. Within each section is a table which lists our **benefits**, shows the terms and conditions that apply to each **benefit**, and tells **you** how to **claim** it.

Please note that all these **benefits** may not be available under **your plan**. **You** should check **your** Table of Cover to see which **benefits** apply to **you** and how much **you** can **claim** under each **benefit**. **You** will also be able to see on **your** Table of Cover if an **excess**, shortfall or co-payment applies.

How our **benefits** are categorised can change on different **plans**, so **you** may notice that some of **your benefits** appear in different sections in this Membership Handbook and on **your** Table of Cover. If a **benefit** listed in **your** Table of Cover is not explained in the corresponding table in this Membership Handbook, please check the tables in other sections of this Membership Handbook. The terms and conditions that apply to our **benefits** (as described in the tables below) will always apply even if the **benefit** is positioned in a different section of **your** Table of Cover.

If a day-to-day **excess** or an **out-patient excess** applies to **your plan**, this will always affect all the **benefits** included in those sections of **your** Table of Cover. It doesn't matter if one or more of **your** Day-to-day Benefits or Out-patient Benefits appear in a different section in this Membership Handbook.

You will always be covered to the level of cover set out in the **Minimum Benefit Regulations** for the medical services listed in those regulations (subject to any waiting periods). Please see section 6 and the Definitions section of this Membership Handbook for an explanation of the **Minimum Benefit Regulations**. **We** will always deduct any withholding tax or other deductions required by law before paying **your claim**.

2.1 DAY-TO-DAY AND OUT-PATIENT BENEFITS

These **benefits** typically allow **you** to **claim** a refund from **us** of a set amount each time **you** visit certain medical practitioners or receive certain medical services. Day-to-day Benefits are not included on all **plans**. If they are not covered on **your plan** and **you** wish to add day-to-day cover to **your plan**, please call our customer service team on (021) 480 2040 to see what options are available to **you**.

There may be instances where Out-patient Benefits and Day-to-day Benefits apply to the same medical expenses. Where this occurs, **we** will apply the more favourable **benefit** for **you** when **you** make **your claim**. Please note that **you** cannot **claim** for medical expenses twice as both an Out-patient Benefit and a Day-to-day Benefit.

Day-to-Day Benefits and Out-patient Benefits

Benefit	Description / Criteria
<ul style="list-style-type: none"> > GP visits > Dentist visits > Physiotherapist* visits > Acupuncturist* > Chiropodist* > Chiropractor* > Dietician* > Homeopath* > Massage therapist* > Medical herbalist* > Nutritionist* > Occupational therapist* > Osteopath* > Physical therapist* > Podiatrist* > Reflexologist* > Consultant fees (for out-patient consultations) > Child speech and language therapist* > Paediatrician benefit 	Under these benefits we will contribute towards the costs of attending the practitioners named in the benefit .
> Out of hours GP visits	This benefit allows you to claim back some of the costs of attending a GP in their capacity as an out of hours GP under the HSE's GP Out of Hours Service or for the costs of a home visit by a GP .
> Prescriptions	This benefit allows you to claim back some of the cost of your prescriptions from a GP, consultant, dentist or prescribing nurse.
> Public A&E cover	This benefit allows you to claim back some of the charge imposed by a public hospital when you attend the A&E department without a referral letter from your GP .
> Private A&E cover	This benefit allows you to claim back some of the charge imposed by a private hospital when you attend the A&E department without a referral letter from your GP .
> Child A&E visit	This benefit allows a child member to claim back some of the charge imposed by a public hospital when they attend the A&E department without a referral letter from their GP .
> A&E Cover (in choice of High Tech, Private and Public Hospitals)	This benefit allows you to claim back some of the charge imposed by a public, private or high tech hospital when you attend the A&E department without a referral letter from your GP .
> Optical (eye test and/or glasses/ lenses combined)	This benefit allows you to claim back some of the costs of an eye test and glasses/lens provided by a qualified optician, orthoptist, optometrist* or an ophthalmologist.
> Hearing test	This benefit allows you to claim back some of the cost of a hearing test carried out by a qualified audiologist.
> Voice coaching	This benefit allows you to claim back some of the cost of voice coaching carried out by a speech and language therapist*.
> Child counselling	This benefit allows you to claim back some of the cost of child counselling carried out by a psychologist*.
> Clinical psychologist	Under this benefit , we will contribute towards the costs of attending a clinical psychologist*.
> Vaccinations	This benefit allows you to claim back some of the cost of vaccinations provided by a nurse or a GP .
> Pathology: Cost of test	This benefit allows you to claim back some of the hospital costs for pathology.
> Pathology: Consultant fees	This benefit allows you to claim back some of the consultant's fee for pathology.
> Radiology: Cost of test	This benefit allows you to claim back some of the out-patient costs for radiology (including X-Rays, mammograms and non maternity ultrasounds) carried out in a medical facility covered under your plan .
> Radiology: Consultant fees	This benefit allows you to claim back some of the consultant's fee for radiology.
> Orthotic insoles	This benefit allows you to claim back some of the costs of orthotic insoles specified by a physiotherapist* or a podiatrist*.
> Psycho-oncology counselling	This benefit allows you to claim back some of the costs of psycho-oncology counselling (counselling received after in-patient or day-case chemotherapy) where it is carried out by a psychologist* and you have been referred to the psychologist* by your consultant .
> Emergency dental care	This benefit allows you to claim back some of the costs of dental treatments or procedures which are required as a result of an accident or injury and are required to alleviate pain or to treat an acute dental trauma which represents a serious threat to the member's general health. The patient must present to the dental practitioner within 48 hours following an accident or injury and receive treatment within 7 days of presenting to dental practitioner.
> VO2 testing	This benefit allows you to claim back some of the costs of VO2 testing.
> Antenatal class	This benefit allows you to claim back some of the costs of antenatal classes run by a midwife*. This benefit does not cover pregnancy yoga and pilates.

Day-to-Day Benefits and Out-patient Benefits

Benefit	Description / Criteria
> Baby massage	This benefit allows the parent or legal guardian of a child to claim back some of the costs of baby massage for that child. This benefit may not be claimed by more than one member in respect of the same baby massage session.
> Manual Lymph Drainage (MLD)	<p>This benefit allows you to claim back some of the costs of treatment provided by a member of Manual Lymph Drainage Ireland or a member of the Irish Society of Chartered Physiotherapists. This benefit is only available where MLD is received to treat and manage the following conditions:</p> <ul style="list-style-type: none"> > Lymphoedema > Oedema > Wounds and burns > Chronic inflammatory sinusitis > Arthritis <p>This benefit will also cover the costs related to compression therapy and remedial and breathing exercises solely related to the above conditions.</p> <p>This benefit will not be covered when MLD is used in order to:</p> <ul style="list-style-type: none"> > improve the appearance and texture of old scars > provide skin care and improve the hygiene of swollen limbs > treat traumatic bruising and swelling > treat acne & rosacea
> Dietician or Nutritionist Consultation	> Under this benefit you can claim a contribution from us towards the cost of attending a nutritionist* or a dietician*.
> Fitness Wearables	> Under this benefit you can claim a contribution from us towards the cost of a fitness wearable i.e. Fitbit wearable device, Garmin wearable device, Apple iWatch.
> Sports Massage	> Under this benefit you can claim a contribution from us towards the cost of a sports massage performed by a massage therapist*.
> Sport club/gym membership	> This benefit provides a contribution towards the cost of your annual subscription to a Gym or Sports Club; such as the GAA, AAI, FAI, IRFU; or children's dance, karate or swimming classes. You must provide evidence of the annual subscription that you have signed up to and confirmation of the total amount paid/payable for your membership. A course of classes within a gym or a club or at an alternative facility is specifically excluded from this benefit. This benefit can only be claimed once per policy year.
> Life Coaching	> Under this benefit members can claim a contribution towards life coaching sessions.
> Child speech and language	This benefit allows a child member to claim back some of the costs of their speech and language therapy provided by a speech and language therapist*. This benefit is only available to members who are under 18 years of age.
> Home nursing	This benefit allows you to claim back some of the cost of home nursing where it is received immediately after you have been discharged from an in-patient stay in a medical facility covered under your plan , it is provided by a nurse* and your consultant has advised that the home nursing is medically necessary .
> Health screen at any centre	<ul style="list-style-type: none"> > This benefit allows you to claim back some of the costs of a health screen where it is carried out in an accredited medical facility. This benefit only covers screening which consists of all the following: <ul style="list-style-type: none"> > lifestyle assessment > physical examination > blood count > urinalysis > written report
> Health screening	This benefit allows you to claim back some of the costs of VO2 max testing, fertility assessment (Anti-müllerian hormone testing or semen analysis only) or sexual health screening. This benefit is only available where the fertility assessment or sexual health screening is carried out by a GP or in a fully accredited medical centre. You can only claim this benefit once during your policy year.
> Health screening (Optimise Gold & Platinum, Health Plan 04 and Health Plan 09 plans only)	<p>If this benefit is covered under your plan, we will pay the providers directly for the Platinum Health Screening. You can only claim this benefit once per policy year. The list of approved medical facilities where you can avail of this service is as follows:</p> <ul style="list-style-type: none"> > Irish Healthcare at Blackrock Clinic, Co. Dublin > Hermitage Medical Clinic Lucan, Co. Dublin > Mater Private Hospital Dublin, Co. Dublin > Mater Private Hospital Cork, Co. Cork
> Sexual health screening	This benefit allows you to claim back some of the costs of sexual health screening carried out by a GP or in a fully accredited medical centre.
> Cardiac screening	<p>This benefit allows you to claim back some of the costs of cardiac screening carried out by a GP or a consultant where the cardiac screening involves all of the following tests:</p> <ul style="list-style-type: none"> > An ECG > Fasting lipids > Random glucose > Blood Pressure > Cardiac risk factor assessment
> Medical and surgical appliances	This benefit allows you to claim back the costs of the medical and surgical appliances set out on the List of Medical and Surgical Appliances up to the amount specified on that list.

Day-to-Day Benefits and Out-patient Benefits

Benefit	Description / Criteria
> Pre/post natal medical expenses	<p>This benefit allows you to claim back some of the costs of pre/post natal care provided by a consultant, GP or a midwife* during and after your pregnancy. The following costs are included and can be claimed per pregnancy:</p> <ul style="list-style-type: none"> > Out-patient consultant's fees (obstetrician and gynaecologist), > Maternity scans > Antenatal classes run by a midwife* > Pre and post natal physiotherapist services provided by U Mamma** or by a chartered physiotherapist* with a specialty in women's health. <p>This benefit covers pre/post natal care which is received between 9 months before and 3 months after your anticipated delivery date.</p>
> Vasectomy (GP only)	<p>Under this benefit we will contribute up to a maximum of €360 towards the cost of a vasectomy including any related consultations pre and post procedure. The vasectomy must be carried out by a GP who is registered with the Irish Medical Council. We will only accept one receipt, detailing the name of the procedure and date the procedure was performed and any related consultation dates. Vasectomy is only covered on selected plans, please contact Irish Life Health or check your Table of Cover to see if you are covered.</p>

* **We** will only cover the costs of visits to practitioners who have appropriate qualifications and registrations. Please see our Directory of Allied Health Professionals, Alternative (Complementary) and Other Practitioners in section 11.1 of this Membership Handbook for details of the qualifications and registrations which each practitioner must hold.

How to claim

You need to pay the practitioner/**health care provider** yourself and then **claim** the amount that is covered back from **us** during **your policy year** by scanning **your** original receipts and submitting them through our online **claims** tool (Irish Life Health Online Claiming) in **your member** secure area on www.irishlifehealth.ie

You should keep **your** original receipts for **your** own records and in case the images are unclear and we request them to be resubmitted. Please ensure that all receipts state:

- > The amount paid;
- > The full name of the **member** receiving **treatment** and their date of birth;
- > The date the **treatment** was received;
- > The type of practitioner that **you** attended;
- > The name, address and qualifications of the practitioner providing the care on the practitioner's headed paper.

When claiming for prescription costs **you** must also submit the prescription claim form issued by **your** pharmacist. When claiming for the emergency dental care **benefit you** must also submit a dental report. When claiming the home nursing **benefit you** may also have to provide **us** with a medical report from **your consultant** confirming that the home nursing is **medically necessary**.

When claiming the out of hours GP visits **benefit** the receipts **you** submit to us must show that **you** visited the **GP** in their capacity as an out of hours **GP** through the HSE's GP Out of Hours Service or that **your GP** visited **you** at home.

Benefit	Description / Criteria
Nurse on call	Nurse on call is a telephone based service that provides general, non-diagnostic information over the phone. Under this benefit you have access to the nurse on call service 24 hours a day 365 days a year.

How to claim

Telephone: 1850 946 644

Benefit	Description / Criteria
PET-CT Scans	<p>Under this benefit we will cover or contribute towards the costs of your scan. The amount that is covered and how it is covered will depend on whether you have your scan carried out in a scan facility that is covered in the appropriate table for your scan type in your List of Medical Facilities on pages 35-37 (i.e. an approved centre) or in a scan facility that is not included in your List of Medical Facilities (i.e. a non-approved centre). The maximum amount that can be claimed for non-approved centres in your policy year may be limited. This will be shown on your Table of Cover.</p>
MRI Scans	
CT Scans	<p>The following criteria must be satisfied before your scan will be covered:</p> <p>MRI Scans You must be referred by a consultant or GP. For MRI scans in St. James' Hospital you must be referred by an oncologist or other clinician working in St. James' Hospital and the scan is required for the diagnosis, treatment or staging of a cancer.</p> <p>CT Scans You must be referred by a consultant or GP. For CT scans in St. James' Hospital you must be referred by an oncologist or other clinician working in St. James' Hospital and the scan is required for the diagnosis, treatment or staging of a cancer.</p> <p>Cardiac MRI Scans All cardiac MRI scans must be pre-authorised by us. You must be referred by a consultant. All cardiac MRI scans must be carried out in an approved cardiac scan facility (see the tables of MRI and CT facilities in section 12 of this Membership Handbook).</p> <p>Cardiac CT Scans All cardiac CT scans must be pre-authorised by us. You must be referred by a consultant. All cardiac CT scans must be carried out in an approved cardiac scan facility list (see the tables of MRI and CT facilities in section 12 of this Membership Handbook)</p> <p>CT Colonography Scans All CT colonography scans must be pre-authorised by us. You must be referred by a consultant.</p> <p>PET-CT Scans All PET-CT scans must be pre-authorised by us. You must be referred by a consultant.</p> <p>In addition the clinical indicators which relate to your type of scan must be satisfied before it will be covered. The clinical indicators which must be satisfied before you will be covered for a cardiac MRI or cardiac CT scan are set out in the List of Clinical Indicators for Cardiac MRI and Cardiac CT Scans.</p>
Cardiac MRI Scans	
Cardiac CT Scans	

How to claim

If **your** scan is carried out in an approved centre (i.e. a scan facility that is covered in the appropriate table for **your** scan type in **your** List of Medical Facilities), **we** will pay the scan facility directly. If **your** scan is carried out in a non-approved centre (i.e. a scan facility that is not covered in **your** List of Medical Facilities) **you** will have to pay for **your** scan yourself and **claim** the amount that is covered back from **us**, if cover for non-approved centres is included in **your plan**. **You** can **claim** the amount that is covered back from **us** during **your policy year** by scanning **your** original receipts and submitting them through our online **claims** tool (Irish Life Health Online Claiming) in **your member** secure area on www.irishlifehealth.ie

You should keep **your** original receipts for **your** own records and in case the images are unclear and **we** request them to be resubmitted.

Benefit	Description / Criteria
Digital Doctor	This benefit gives you unlimited consultations with a GP provided by Medical Solutions UK Limited**. You can speak to a GP anytime day or night over the phone, or if you would prefer a face to face consultation, the online video service is available 08:00 to 22:00, Monday to Friday (excluding bank holidays), 08:00 to 20:00 on Saturdays and 10:00 to 18:00 on Sundays. If necessary, through this service GPs can also arrange to have a prescription sent to your local pharmacy following your consultation. Prescriptions can be faxed 08:00 to 22:00, Monday to Friday (excluding bank holidays), 08:00 to 20:00 on Saturdays and 10:00 to 18:00 on Sundays. Outside these times, the prescription will be faxed the next working day . This service shouldn't be used for emergencies or urgent conditions as this may delay necessary treatment .

How to claim

Please call 1890 100 048 (or 0044 203 858 3892 from abroad) with your membership number to access this benefit.

The service providers named under these **benefits may change from time to time.

HOW TO CALCULATE YOUR COVER UNDER YOUR DAY-TO-DAY BENEFITS AND OUT-PATIENT BENEFITS

The amount that can be **claimed** under these **benefits** may be a set amount per visit or it may be a percentage of the cost of the visit up to a maximum amount per visit or per **policy year**. There may be a limit to the number of times in **your policy year** that **you** can **claim** a refund for a visit to a particular medical practitioner or for a particular service. In addition the number of refunds that **you** can **claim** for specified practitioners collectively may be limited (this is known as "combined visits"). Please note that there may be a limit on the total amount that **we** will pay for Day-to-day Benefits or Out-patient Benefits in a **policy year**. This limit will apply before the deduction of any applicable policy **excess**.

In addition an **excess** may apply to the total amount **you** **claim** under **your** Day-to-day Benefits or Out-patient Benefits in **your policy year**. So for example, where an **excess** applies to the Out-patient Benefits under **your plan**, it applies to the total amount **you** are claiming for all **your** Out-patient Benefits in **your policy year**. When **you** submit **your** receipts to **us** **we** will calculate the total amount due to be refunded to **you** under all **your** Out-patient Benefits, subtract the **excess** and refund **you** the balance.

For example:

	Consultant	GP
Cover shown on Table of Cover	€60 x 4 visits	€25 x 6 visits
Number of times you visited your health care provider in your policy year and how much you paid per visit	3 x €150	7 x €60
Total amount that you can claim	3 x €60 = €180 (3 being the number of times you visited a consultant and €60 being the maximum amount that can be claimed per visit)	6 x €25 = €150 (6 being the maximum number of times you can claim for a visit to a GP and €25 being the maximum amount that can be claimed per visit)
Total amount that you can claim under both benefits	€330 (i.e. €180 + €150)	
Less outpatient excess	€200	
Money we pay you back	€130	

2.2 IN-PATIENT BENEFITS

In-patient Benefits typically cover the fees charged by **your** hospital, treatment centre and **health care provider** whilst **you** are admitted to a hospital or treatment centre covered under **your plan** as an **in-patient** or **day case** patient.

HOSPITAL COSTS

The fees charged by **your** hospital or treatment centre for **your medical care** whilst **you** are admitted are known as **hospital costs**. They include the **public hospital levy**, hospital accommodation costs, charges for the use of the operating theatres, charges for radiology and pathology, nursing charges, costs of prosthesis and charges for drugs administered for consumption whilst **you** are admitted. **You** can find the level of cover available for **your hospital costs** in a **public hospital**, **private hospital** and high-tech hospital in **your** Table of Cover (see section entitled "Hospital Cover"). **You** can check whether **your** hospital is public, private or high-tech in the tables of **medical facilities** in section 12 of this Membership Handbook. Please note that some hospitals may be classed as a high-tech hospital for **Level 1 plans** and a **private hospital** for all other **plans**. Treatment centres are not classed as public, private or high-tech. **We** will fully cover **your hospital costs** in the treatment centres covered in **your** Lists of Medical Facilities.

MEDICAL FACILITIES COVERED UNDER YOUR PLAN

The **medical facilities** covered under **your plan** are shown in **your** List of Medical Facilities. There are four of these lists but only one will apply to **your plan**. **You** can see which one applies to **you** in **your** Table of Cover. All the Lists of Medical Facilities are contained in the tables of **medical facilities** in section 12 of this Membership Handbook.

Where **you** are admitted to a **medical facility** covered under **your plan**, **your hospital costs** will be fully covered subject to any limitations specified in **your** Table of Cover, such as **excesses**, shortfalls, co-payments, **private rooms** covered at semi-private rates etc. Where necessary, **we** have agreements with **medical facilities** to ensure that this is the case. However, **medical facilities** are free to end their arrangement with **us** at any time so **we** cannot guarantee that this will continue to be the case for all the **medical facilities** covered under **your plan** throughout **your policy year**. Where this arrangement between **us** and a **medical facility** ends, the **medical facility** will no longer be covered by **us** and it will be removed from all the Lists of Medical Facilities. Similarly where **we** enter into new arrangements with **medical facilities**, they will be added to

one or more of the Lists of Medical Facilities. Such changes will affect *your plan* immediately. Up to date Lists of Medical Facilities are available on our website at Irishlifehealth.ie. *We* recommend that *you* always check whether *your medical facility* is covered before being admitted by reviewing *your* List of Medical Facilities on our website or contacting our call centre on (021) 480 2040.

MEDICAL FACILITIES NOT COVERED ON YOUR PLAN

We will not cover *your hospital costs* in a *medical facility* which is not covered in *your* List of Medical Facilities.

We have made every effort to ensure that all health services that are listed in the *Minimum Benefit Regulations* (“Prescribed Health Services”) are available through at least one of the *medical facilities* covered in *your* List of Medical Facilities. In the unlikely event that a Prescribed Health Service is not available in one of those *medical facilities*, *we* will cover the Prescribed Health Service in a *medical facility* that is not covered in *your* List of Medical Facilities as if it was covered under *your plan* (i.e. to the level of cover available under *your* In-patient Benefits). However, *you* must notify *us* in advance that *you* wish to receive such medical services in a *medical facility* that is not covered under *your plan*. Please note that *we* will not cover *you* if *you* receive health services (other than *emergency care*), which are not listed in the *Minimum Benefit Regulations*, in a *medical facility* which is not covered under *your plan*.

We will cover *your stay* in a *public hospital* that is not covered under *your* List of Medical Facilities whilst *you* are receiving *emergency care*. *You* must have been admitted through the *accident* and emergency department. Any *follow on care* and/or *elective treatments* or *procedures* will only be covered in a *medical facility* which is covered under *your plan*. The only exception to this is if our *medical advisers* agree that *you* are not medically fit to travel, in which case *we* will cover *your hospital costs* in the same *public hospital* but this will need to be *pre-authorised* by *us*.

HOW LONG ARE YOUR HOSPITAL COSTS COVERED FOR?

You can *claim hospital costs* under *your* In-patient Benefits for a total of 180 days in a calendar year (the “Maximum Period”). This Maximum Period includes the number of days for which *you* can *claim hospital costs* as a psychiatric patient. The number of days that *you* can *claim* as a psychiatric patient is shown in the psychiatric *treatment benefits* in *your* Table of Cover.

Please note that the Maximum Period includes any days for which *you* have already *claimed hospital costs* (including *hospital costs* as a psychiatric patient) under another *plan* with *us* or with another health insurer in a calendar year.

YOUR HEALTH CARE PROVIDER'S FEES

Consultants

Your in-patient benefit for consultant’s fees covers the professional fees of *consultants* who are registered with *Irish Life Health*, where they provide *you* with the *treatments* and *procedures* listed in the Schedule of Benefits. *Your consultant’s* fees will only be covered where *your procedure* or *treatment* is performed in a *medical facility* covered under *your plan*. However, there is a small number of *treatments* and *procedures* which will be covered when they are performed in *your consultant’s* room. These are set out in the “non-hospital” section of the Schedule of Benefits.

Consultants registered with Irish Life Health

We will only cover *consultants* who are registered with *Irish Life Health*. Where *your consultant* is registered with *us*, the extent to which their professional fees are covered will depend on whether they have chosen to be a participating consultant or standard rate *consultant*.

Participating consultants

Participating *consultants* have agreed to accept payment from *us* in full settlement of their fees for performing the *procedures* and *treatments* in the Schedule of Benefits. This means that if *your consultant* is a participating *consultant*, *you* will be fully covered for the *procedures* and *treatments* listed in the Schedule of Benefits provided the *consultant* is operating within the rules imposed by the HSE relating to his capacity to practice privately.

Standard rate consultants

Standard rate *consultants* (or part participating *consultants*) have not agreed to accept payment from *us* in full settlement of their fees. Only a small portion of the fees of standard rate *consultants* will be covered for performing the *procedures* and *treatments* in the Schedule of Benefits. Therefore, if *your consultant* is a standard rate *consultant* *you* will have to pay a large portion of their fees yourself. *You* will not be able to *claim* this back from *us*.

Consultants not registered with Irish Life Health

Where *your consultant* is not registered with *Irish Life Health* *we* will not cover their professional fees. The only exception to this is if *your consultant’s* fees for performing *your treatment* or *procedure* are included in the *Minimum Benefit Regulations*. If they are, *you* can *claim* the amount set out in the *Minimum Benefit Regulations* back from *us* at the end of *your policy year*. It’s important *you* know *your consultant’s* fees are likely to be a lot more than the amount shown in the *Minimum Benefit Regulations*. If this happens, *you’ll* have to pay the difference.

Dentists/Oral surgeons/Periodontists

Your in-patient benefit for consultant’s fees also covers a limited number of dental/oral *surgical procedures* where they are performed by a *dentist*, *oral surgeon* or *periodontist*. (This excludes dental visits and emergency dental care which are covered under our Day-to-day Benefits and Out-patient Benefits).

The dental/oral *surgical procedures* that are covered under our In-patient Benefits are listed in the “Periodontal/Oral/Dental Surgery Ground Rules” section of the Schedule of Benefits. These *procedures* will only be covered where they are performed by the specified type of dental practitioner (i.e. a *dentist*, *oral surgeon* or *periodontist*). Please note many dental/oral *surgical procedures* require *pre-authorisation*. *Your dentist/oral surgeon/periodontist’s* fees will only be covered where *your oral/dental surgery* is performed in a *medical facility* covered under *your plan* or in *your dentist/oral surgeon/periodontist’s* room.

As with *your consultant*, *your dentist*, *oral surgeon* or *periodontist* must be registered with *Irish Life Health*. If they are not registered with *us*, *you* will not be covered (subject to cover prescribed under the *Minimum Benefit Regulations* if applicable). The extent to which *your oral surgeon/periodontist’s* professional fees are covered will also depend on whether they have chosen to be a participating or a standard rate *oral surgeon/periodontist*. See the *consultant* section above for a full explanation on how *your oral health care provider’s* status as participating or standard rate affects *your* cover. Please note that all *dentists* are classed as standard rate so *we* will only cover a limited portion of *your dentist’s* fees for performing oral/dental *surgery*.

GPs

We will cover *your GPs* fees for performing a limited number of *treatments* and *procedures* in their surgery. Such *procedures* and *treatments* are covered under *your* in-patient benefit for consultant’s fees. *Your GP’s* fees for a routine visit will be covered under our Day-to-day Benefits or Out-patient Benefits. The *treatments* and *procedures* that will be covered under *your* In-patient Benefits are set out in the GP Booklet. If *your treatment* or *procedure* is not listed in the GP Booklet, *your GP’s* fees will not be covered. As with *consultants*

and dental professionals, **your GP** must be registered with **Irish Life Health** before they will be covered and the extent to which their fees are covered will depend on whether they are a participating **GP** or a standard rate **GP**. Please see previous sections for a full explanation on the effect of **your health care provider** not being registered with **Irish Life Health** and not participating with **Irish Life Health**.

CHANGES TO THE STATUS OF YOUR HEALTH CARE PROVIDER

Health care providers are free to alter their arrangement with **Irish Life Health** at any time. Therefore, by way of example, a participating **health care provider** may choose to become standard rate or to unregister with **us** at any time. Any changes to their status with **us** will affect how they are covered immediately. Therefore the level to which their fees are covered may change throughout **your policy year**. We recommend that **you** always check whether **your health care provider** is registered with **Irish Life Health** and whether they are participating or standard rate before undergoing any **procedure** or **treatment** or being admitted to a **medical facility**. You can do this by visiting our website or contacting our call centre on (021) 480 2040.

MATERNITY TREATMENT

In-patient benefits do not apply where **you** are admitted to a **medical facility** for the delivery of **your** baby (except for caesarean section deliveries). Whilst **you** are admitted for the delivery of **your** baby, **you** are a maternity patient and **your** Maternity Benefits apply. The level of cover available to **you** for **your** maternity care is set out in **your** Maternity Benefits on **your** Table of Cover. Where **your** maternity care ends, but **you** remain admitted for any **medically necessary** reason, **your** In-patient Benefits will apply and **you** will receive the level of cover available under the In-patient Benefits on **your** Table of Cover.

PSYCHIATRIC TREATMENT

Where **you** are admitted to a psychiatric **medical facility** or a psychiatric unit in a **medical facility**, **your hospital costs** and **consultant's** fees will be covered under **your** In-patient Benefits at the level shown in the Hospital Cover section of **your** Table of Cover. **Your plan** will also include psychiatric **treatment benefits**. These **benefits** specify the maximum number of days for which **you** can **claim your** In-patient Benefits whilst **you** are a psychiatric patient.

HOW IN-PATIENT BENEFITS ARE CLAIMED

In most cases, **we'll** pay the amount for which **you** are covered under **your** In-patient Benefits directly to **your medical facility** and **health care providers**. They **claim** the amount for which **you** are covered from **Irish Life Health** on **your** behalf and **we** pay this to them directly. This is known as **direct settlement**. Please note that only the amount for which **you** are covered will be directly settled with **your medical facility** and **health care provider**.

Direct settlement applies to all **claims** for professional fees for **health care providers** that are registered with **us**. **We** will not directly settle any **claims** for the amounts shown in the **Minimum Benefit Regulations** for **health care providers** that are not registered with **us**. **Your** List of Medical Facilities shows the **medical facilities** that **we** will pay through **direct settlement**. Whether **direct settlement** is available for a particular **medical facility** may change from time to time. **You** should always check the most up to date Lists of Medical Facilities before being admitted to any **medical facility** to see whether **direct settlement** applies or whether **you** will have to pay the **medical facility** and **claim** it back from **us**.

Where **direct settlement** applies, **your medical facility** or **health care provider** will submit **your** claim form to **us** on **your** behalf. It is important to remember that they are only making the **claim** on **your** behalf and that **you** are responsible

for ensuring that all aspects of the **claim** are correct. If **your** claim form contains any inaccurate information, **we** may treat **your claim** as fraudulent, decline the **claim** and possibly cancel **your plan** or **policy** (see section 7 of this Membership Handbook for further information on our fraud policy). **You** will need to sign **your** claim form before **your medical facility** or **health care provider** submits it to **us**. **Your medical facility** and **health care providers** should always specify the **medical care** you received on **your** claim form before **you** are asked to sign it. **You** should check this information very carefully to ensure that it is accurate. By signing this form **you** are confirming that **you** have received the **medical care** specified in the form and that all information contained in **your** claim form is true and accurate. When we've paid **your claims**, we'll send **you** a statement confirming payment and outlining the amounts paid on **your** behalf.

Where **direct settlement** is not available, **you** will have to pay **your medical facility** and **your health care provider** yourself and **claim** the amount that is covered back from **us**. **You** will need to submit a **claim** form to **us** specifying the **medical care** you received which is signed by all relevant **health care providers** and **your medical facility** together with all **your** receipts. **Your medical facility** and **health care providers** will be able to provide these for **you**. The completed claim form and receipts should be sent to our **claims** team (see section 10 of this Membership Handbook).

PLEASE NOTE WE RESERVE THE RIGHT TO:

- > refuse payment in respect of In-patient Benefits where **you** stayed in a **medical facility** overnight but our **medical advisers** determine that **you** should have been a **day case**
- > refuse payment in respect of day-case **benefits** where our **medical advisers** have determined that **you** should have been an **out-patient**
- > only pay the amount that would have been covered, if **your treatment** or **procedure** had been carried out in the manner deemed appropriate by our **medical advisers**

SHORTFALL

In some cases **your benefit** may not cover all **your** medical costs and **you** will need to pay a proportion of such costs yourself. This is known as a shortfall. For instance, if **your hospital costs** are subject to 90% cover, **you** will be required to pay the remaining 10% yourself. **You** can see if a shortfall applies and if so, how much it is, in **your** Table of Cover.

IN-PATIENT OR DAY CASE EXCESS

In some cases **you** may be required to pay an amount of **your** bill before **your** cover begins. This is known as an **excess**. **You** can see if **you** have an **excess** on **your** In-patient Benefits in **your** Table of Cover. **Excesses** on In-patient Benefits apply each time **you** are admitted to a **medical facility** subject only to the following exceptions:

- > where **you** are admitted as an **in-patient** or **day case** patient for the purpose of receiving chemotherapy, the **in-patient excess** will only apply once for each course of **treatment**. Where it has been more than 12 months since **your** last chemotherapy session, **your** course of **treatment** will be considered to have ended and the **excess** will apply again for any further course of **treatment**.
- > where **you** are admitted as a **day case** patient for the purpose of receiving psychiatric **treatment** in a **medical facility**, the **day case excess** will only apply once for each course of **treatment** provided all days relevant to that course of **treatment** are submitted as a single **claim**. Where it has been more than 3 months since **your** last admission, **your** course of **treatment** will be considered to have ended and the **excess** will apply again for any further course of **treatment**.

> **We** will not apply the in-patient **excess** where **you** are admitted as an **in-patient** or **day case** patient for the purpose of receiving radiotherapy **treatment**.

> a **first degree relative** diagnosed with colorectal cancer before the age of 60 years; or

> two **first degree relatives** who have been diagnosed with colorectal cancer. Where **you** satisfy the above criteria, **your** colorectal cancer screening will be covered under **your** In-patient Benefits once every five years from when:

> **you** reach the age of 40 years; or

> **you** reach an age which is 10 years younger than the age at which **your first degree relative** was first diagnosed with colorectal cancer.

CO-PAYMENT FOR CERTAIN PROCEDURES

A co-payment is a large **excess** and is an amount that must be paid by **you**. **You** will need to make a co-payment for any of the orthopaedic **procedures** specified in the List of Orthopaedic Procedures Subject to Co-Payment and/or for any of the cardiac **procedures** specified in the List of Cardiac Procedures Subject to Co-Payment where such orthopaedic and/or cardiac **procedures** are carried out in a high-tech or **private hospital**. Co-payments may apply in addition to any other shortfall or **excess** on **your plan**. This will be displayed on **your** Table of Cover.

COLORECTAL CANCER SCREENING

Please note that In-patient Benefits only cover the costs of colorectal cancer screening (colonoscopy, FIT or CT colon) where **you** have:

> a family history of polyposis coli;

> a family history of hereditary non polyposis coli;

LISTED CARDIAC PROCEDURES AND LISTED SPECIAL PROCEDURES BENEFITS

In most cases these **benefits** provide enhanced cover for **your hospital costs** in a high-tech hospital when **you** are undergoing the **procedures** specified in the List of Cardiac Procedures or the List of Special Procedures. This is because the **excesses** that apply to these **benefits** are generally lower than those that apply to **your** general **hospital costs** in a high-tech hospital. **You** can see if these **benefits** are available under **your plan** in the high-tech hospital section of **your** In-patient Benefits on **your** Table of Cover.

2.3 MATERNITY BENEFITS

Maternity Benefits can be categorised as In-patient Maternity Benefits, Out-patient Maternity Benefits and Other Maternity Benefits, depending on how they are **claimed**. In-patient Maternity Benefits cover **your hospital costs** and some of **your consultant's** fees when **you** are admitted to a **medical facility** covered under **your plan** as a maternity patient for the delivery of **your** baby. The costs of **your** pre and post natal care are not covered under **your** In-patient Maternity Benefits but may be covered under **your** Out-patient Benefits or Other Benefits.

In-patient Maternity Benefits	
Benefit	Description / Criteria
Public hospital cover for maternity	<p>Under this benefit we will either:</p> <p>a) Cover your hospital costs for up to 3 nights where you are admitted to a public hospital. The type of hospital accommodation that will be covered under this benefit is the same as that covered under your public hospitals cover in your In-patient Benefits. However, please note that you will only be able to avail of a private room or semi private room where you have opted to be a private or semi private patient with the public hospital. The private or semi private fee imposed by the public hospital is not covered under this benefit but you may be able to claim back some of that fee under our pre/post natal medical expenses benefit if this benefit is available on your plan; or</p> <p>b) Pay the contribution specified in your Table of Cover towards your hospital costs.</p> <p>The type of cover available to you will depend on your plan and is set out in your Table of Cover. This benefit is only available where you have been admitted to a public hospital covered on your plan to give birth.</p> <p>Where your plan covers you for "up to 3 nights' accommodation" but it is medically necessary for you to remain for more than 3 nights, the remainder of your stay in hospital will be covered under your In-patient Benefits.</p> <p>Please note that caesarean section deliveries are covered under your In-patient Benefits and not under this benefit.</p>
In-patient maternity consultant fees	<p>Under this benefit we will either:</p> <ul style="list-style-type: none"> > Cover the professional fees of your baby's paediatrician; > Cover your anaesthetist's and pathologist's professional fees; and > Cover your consultant's professional fees for a routine delivery (procedure 2206) up to the amount set out in the Schedule of Benefits. (Please note that if your consultant charges more than this amount for delivering your baby you will be required to pay the balance yourself). <p>Or:</p> <ul style="list-style-type: none"> > Pay the contribution specified in the Table of Cover towards your consultants' professional fees. <p>The type of cover available under your plan is set out in your Table of Cover. Please note that where you are attending a public hospital this benefit is only available where you have opted to be a private or semi-private patient.</p>
Grant-in-aid amount	<p>This benefit allows you to claim back some of your hospital costs for maternity care in a private maternity hospital covered under your plan. If this benefit is available under your plan, the maximum amount which we will cover is set out in your Table of Cover.</p>
How to claim	
<p>Where the benefit covers a contribution towards the costs of your maternity care, the maximum amount that we will contribute will be set out in your Table of Cover. If your medical expenses exceed this amount, we will pay the maximum contribution to your medical facility or health care provider and you will need to pay them the balance. If your care is provided by an approved medical facility based in Northern Ireland, all claims will be assessed and settled in euro. Irish Life Health will use the foreign exchange rate which applies at the date of the invoice received from the medical facility or at the time of purchase, as appropriate. Please see section 2.2 of this Membership Handbook for details of how In-patient Benefits are claimed and paid.</p>	

Out-patient Maternity Benefits

Benefit	Description / Criteria
Home birth	This benefit allows you to claim back some of the medical costs involved in having a home birth, where such costs are directly associated with the delivery of your child. If this benefit is available under your plan the maximum amount that we will contribute is set out in your Table of Cover.
Antenatal benefit	Under this benefit Irish Life Health will contribute towards an antenatal course with a midwife*. If this benefit is available under your plan the maximum amount that we will contribute per day and the maximum number of days for which it can be claimed is set out in your Table of Cover.
Infertility benefit	Under this benefit we will cover a percentage of the cost of Intra Uterine Insemination (IUI), In Vitro Fertilisation (IVF) and Intra Cytoplasmic Sperm Injection (ICSI) treatment . If this benefit is available under your plan the amount that we will contribute up to a maximum amount is set out in your Table of Cover. To be eligible to claim this benefit , the beneficiary of the treatment must be a member on a valid policy at the time of the procedure(s). The benefit is limited to a maximum of two claims per member's lifetime.
Post-natal counselling	This benefit allows you to claim back some of the costs of post-natal counselling where it is received within 12 months of your baby being born and is carried out by a person belonging to one of the following societies/associations: <ul style="list-style-type: none"> > The Irish Psychological Society (PSI) > The Irish Association of Counsellors and Psychotherapists (IACP) > The British Association of Counsellors and Psychotherapy (BACP) > Family Therapy Association of Ireland (FTAI) > The Irish Association of Humanistic and Integrative Psychotherapy (IAHIP) The contribution under this benefit is payable up to a specified number of days in your policy year . If this benefit is available under your plan , the maximum amount which we will cover per day and the maximum number of days for which it can be claimed is set out in your Table of Cover.
Breastfeeding consultancy	This benefit allows you to claim back some of the costs of a consultation with a qualified breastfeeding consultant . The contribution under this benefit is payable for a limited number of breastfeeding consultancy sessions in your policy year . If this benefit is available under your plan , the maximum amount which we will cover per session and the maximum number of session for which it can be claimed is set out in your Table of Cover.
Cord blood stem cell preservation	This benefit allows you to claim back: <ul style="list-style-type: none"> > €600 on the cost of cord blood stem cell preservation where the umbilical cord is being harvested after the birth of a single child or identical twins or > €900 on the cost of cord blood stem cell preservation where the umbilical cord is being harvested after the birth of non-identical twins. Please note that the preservation of cord blood stem cells will not be available after 30 June 2016. This is because the sole provider of this service in Ireland will no longer be carrying out this procedure . Unfortunately this is beyond our control but you will be able to claim this benefit again if another medical service provider begins providing this service in Ireland .
Partner benefit	This benefit allows you to claim back some of the following costs where you have to travel to be with your partner when they are admitted to a medical facility to give birth to your child: <ul style="list-style-type: none"> > Costs of your hotel or bed and breakfast accommodation; > Your travel costs to and from your home to the medical facility; > The costs of a child minder whilst you are visiting your partner in a medical facility. The contribution under this benefit is payable for the reasonable costs incurred within a specified number of days in your policy year . If this benefit is available under your plan , the maximum amount that we will contribute per day and the number of days for which it can be claimed is set out in your Table of Cover. The contribution can only be claimed for costs incurred on the day your baby is born, on the day before your baby is born or on the day after your baby is born and can only be claimed for consecutive days.
Post Natal Night Nurse Care	This benefit allows you to claim back some of the costs towards the services of a paediatric nurse* at home after you have your baby. This benefit must be claimed within 26 weeks of the date on which your child was born. The contribution under this benefit is payable for paediatric home nursing costs which are incurred up to a specified number of days/nights in your policy year . If this benefit is available under your plan the maximum amount that we will contribute per day and the maximum number of days/nights for which can be claimed will be set out in your Table of Cover.
AMH fertility test	Under this benefit you can claim a contribution from us towards the cost of an anti-mullerian hormone test. This benefit is only available where the anti-mullerian hormone test is carried out in a clinical environment by a qualified practitioner.
Private antenatal class	Under this benefit you can claim a contribution from us towards the cost of an antenatal course provided by a midwife* prior to the birth of your baby.
Miscarriage counseling	This benefit allows you to claim back some of the cost of counseling required as a result of your having had a miscarriage. The counseling must be carried out by a qualified counsellor*.
Pre/Post-natal yoga & pilates	Under this benefit you can claim a contribution from us towards the cost of pregnancy yoga, pregnancy pilates, baby yoga and baby pilates classes provided by a yoga/pilates instructor*.

How to claim

These **benefits** are **claimed** as Out-patient Benefits. **You** can **claim** the amount that is covered back from **us** during **your policy year** by scanning **your** original receipts and submitting them through our online **claims** tool (Irish Life Health Online Claiming) in **your member** secure area on www.irishlifehealth.ie

You should keep **your** original receipts for **your** own records and in case the images are unclear and **we** request them to be resubmitted.

Please ensure that all original receipts state:

- > The amount paid
- > The full name of the **member** receiving **treatment/service** and their date of birth;
- > The type of **treatment/service** received;
- > The date the **treatment/service** was received;
- > The signature and contact details for the treating **consultant** and the hospital or treatment centre where **you** were treated (if applicable).

Other Maternity Benefits

Benefit	Description / Criteria
Early discharge maternity benefit	Under this benefit you can claim a cash payment where you have given birth in a medical facility covered under your plan and are discharged after only one night. This benefit only applies where you were a private in-patient in a public hospital and your consultant has approved your discharge after only one night's stay as an in-patient . This benefit cannot be claimed in conjunction with the post-natal home help benefit or the alternative amount to post-natal home help benefit . If this benefit is available under your plan , the maximum amount that we will contribute is set out in your Table of Cover.

How to claim

You will need to provide **us** with a letter from the **medical facility** from which **you** were discharged showing the dates on which **you** were admitted and discharged. **You** may also need to provide **us** with evidence that **your consultant** has consented to **your** discharge after only one night's stay as an **in-patient**.

Benefit	Description / Criteria
Post-natal home help (PNHH)	<p>Under this benefit we will cover the cost of domestic home help provided by Brown Flower Limited*** after your baby is born.</p> <p>If this benefit is available under your plan, the number of days of home help that will be covered is set out in your Table of Cover. You will normally be covered for up to 2 days of domestic home help under this benefit. The maximum number of hours of home help that will be provided on each day is four hours.</p> <p>To be eligible for this benefit, you should be covered under a valid policy at the time your baby is born and at the time you receive the service. You must call us to request the service within 20 weeks of the date on which your child was born and you must receive the domestic home help within 26 weeks of the date on which your child was born.</p> <p>This benefit is not available where Brown Flower Limited*** is unable to provide the domestic home help service for any reason including where they are fully booked or where your home is not in an area serviced by Brown Flower Limited***. When the domestic home help will be provided is subject to Brown Flower Limited's availability and their operating hours. The receipt of domestic home help is subject to Brown Flower Limited's terms and conditions and outside the control of Irish Life Health.</p> <p>This benefit cannot be claimed in conjunction with the following benefits:</p> <ul style="list-style-type: none">> the alternative amount for post natal home help benefit;> the early discharge maternity benefit;> the rebate towards the costs of a birthing package under the Doula Ireland benefit. <p>If you wish to cancel a booking with Brown Flower Limited***, you must contact them directly to do so. You must give Brown Flower Limited*** more than 24 hours' notice of any cancellation. If you fail to do so, this benefit will be exhausted and you will continue to be prevented from claiming the alternative amount for post natal home help benefit, the early maternity discharge benefit and the rebate towards the costs of a birthing package under the Doula Ireland benefit.</p> <p>Either you or a family member/friend who is 18 years old or older must be present in your home at all times when the domestic home help assistant is in attendance. This benefit may only be claimed by one member (either parent) in respect of each birth.</p>

How to claim

Call **us** on (021) 480 2040 between 9.00am and 7.00pm Monday to Friday. **We** will take **your** details and pass these on to Brown Flower Limited*** who will contact **you** to arrange the service. When **you** contact **us**, **you** will need to provide **us** with evidence of **your** baby's birth – this may be either the birth certificate or a note confirming the birth from a **GP**, **consultant** or district nurse.

Benefit	Description / Criteria
Alternative amount for post natal home help	<p>This benefit allows you to claim €120 towards the costs of domestic home help after you have your baby.</p> <p>To be eligible for this benefit, you should be covered under a valid policy at the time your baby is born and at the time you receive the service. This benefit must be claimed within 26 weeks of the date on which your child was born. This benefit may only be claimed by one member (either parent) in respect of each birth.</p> <p>This benefit cannot be claimed in conjunction with the following:</p> <ul style="list-style-type: none">> the post natal home help benefit;> the early discharge maternity benefit;> the rebate towards the costs of a birthing package under the Doula Ireland benefit.
Newborn free until next renewal	Under this benefit , you may add your newborn to your policy without charge within 13 weeks of the date of his/her birth. Where you do so, he/she will be covered under the same plan as you until your next renewal date .

Benefit	Description / Criteria
How to claim	
Please call us to let us know that you wish to claim these benefits . You will need to provide us with evidence of your baby's birth – this may be either the birth certificate or a note confirming the birth from a GP, consultant or district nurse.	

Benefit	Description / Criteria
Doula Ireland	Under this benefit you can claim a discount on a birthing package through Doula Ireland**. If this benefit is available under your plan , the discount that is available will be set out in your Table of Cover. If you do not claim the post-natal home help benefit or the alternative amount for post-natal home help benefit, you may claim a rebate towards the amount you paid Doula Ireland** for your birthing package. This is available in conjunction with the discount. If this benefit is available under your plan , the amount of rebate that can be claimed is set out in your Table of Cover.
How to claim	
Discount to be claimed from Doula Ireland** at point of sale. In addition, if you do not wish to claim the post natal home help benefit or the alternative amount for post natal home help benefit, you can claim the additional rebate. In order to do so, you should send your original receipt to us .	

Benefit	Description / Criteria
Fertility treatment at Beacon CARE fertility	Under this benefit you can claim a discount from the Beacon Hospital** on the costs of the fertility treatments listed in the Beacon CARE Fertility List of Discounted Treatments. This discount applies to one cycle of treatment per lifetime only.
How to claim	
Discount to be claimed from the Beacon Hospital** at point of sale.	

* We will only cover the costs of visits to practitioners who have appropriate qualifications and registrations. Please see our Directory of Allied Health Professionals, Alternative (Complementary) and Other Practitioners in section 11.1 of this Membership Handbook for details of the qualifications and registrations which each practitioner must hold.

**The service providers named under these benefits may change from time to time. Please also note that we are not responsible for the content of the websites of these service providers.

2.4 OTHER BENEFITS

Other Benefits provide cover that complements our In-patient Benefits, Out-patient Benefits and Maternity Benefits.

Other Benefits	
Benefit	Description / Criteria
Public hospital levy (also known as the Public Statutory In-patient Charge)	Public hospitals charge in-patients a daily charge for a maximum of 10 days in any period of 12 consecutive months. This is known as the public hospital levy . Under this benefit we will cover the public hospital levy for a maximum of 10 days in any period of 12 consecutive months.
How to claim	
Where the public hospital in question is covered under your plan, we will pay this charge directly to the public hospital . See section 2.2 of this Membership Handbook for information on how direct settlement operates. If the public hospital in question is not covered under your plan, you will have to pay your public hospital levy to the public hospital and claim this back from us . This benefit is subject to €1 excess which will be refunded to you .	

Benefit	Description / Criteria
Post-operative home help	Under this benefit we will cover the cost of domestic home help where you have undergone a treatment or procedure which is set out in the List of Post-Operative Home Help (POHH) Procedures in a medical facility covered under your plan . This benefit is only available where the domestic home help is provided by Brown Flower Limited*. To be eligible for this benefit you must be covered under a valid policy at the time the procedure took place and when the service is delivered. You must call us to request the service within 3 weeks of the date of your discharge from the medical facility in which you received the treatment or procedure . You must receive the domestic home help within 4 weeks of your discharge from the medical facility in which you received the treatment or procedure . If this benefit is available under your plan the number of days of home help that will be covered is set out in your Table of Cover. The maximum number of hours of home help that will be provided on each day is four hours. This benefit is not available where Brown Flower Limited* is unable to provide the domestic home help service for any reason including where they are fully booked or where your home is not in an area serviced by Brown Flower Limited*. When the domestic home help will be provided is subject to Brown Flower Limited's availability and their operating hours. The receipt of domestic home help is subject to Brown Flower Limited's terms and conditions and outside the control of Irish Life Health . This benefit cannot be claimed in conjunction with the alternative amount for post-operative home help benefit . If you wish to cancel a booking with Brown Flower Limited*, you must contact them directly to do so. You must give Brown Flower Limited* more than 24 hours' notice of any cancellation. If you fail to do so this benefit will be exhausted and you will continue to be prevented from claiming the alternative amount for post-operative home help benefit . Either you or a family member/friend who is 18 years old or older must be present in your home at all times when the domestic home help assistant is in attendance.
How to claim	
Call us on (021) 480 2040. We will take your details and pass these on to Brown Flower Limited* who will contact you to arrange the service. If we have not received the claim from your treating hospital at the time of your call we will ask you to provide a letter from your treating consultant confirming the date of your treatment and procedure code.	

Benefit	Description / Criteria
Alternative amount for post-operative home help	<p>This benefit allows you to claim €120 towards the costs of domestic home help after you have undergone a procedure that is listed on the List of Post-Operative Home Help (POHH) Procedures.</p> <p>This benefit cannot be claimed in conjunction with the post-operative home help benefit. To be eligible for this benefit you must be covered under a valid policy at the time the procedure took place and when the service is delivered. This benefit must be claimed within 4 weeks of the date of your discharge.</p> <p>This benefit cannot be claimed in conjunction with the post-operative home help benefit.</p>
How to claim	
Please call us to let us know if you wish to claim this benefit . If we have not received the claim from your treating hospital at the time of your call we will ask you to provide a letter from your treating consultant or your medical facility confirming the date of your treatment and procedure code.	

Benefit	Description / Criteria
Oncotype dx	Under this benefit we will cover the cost of genomic testing for HER positive node negative breast cancer to indicate the recurrence score for breast cancer returning in a 10 year time period. This benefit is only available where the genomic testing has been pre-authorised by Irish Life Health .
Day-case procedure for rheumatology & chemotherapy	Under this benefit we will cover the cost of rheumatology and chemotherapy provided by Point of Care Health Services Limited* on a day case basis.
Vasectomy (in Clane Hospital)*	Under this benefit we will cover your hospital costs and consultant's fees where you have a vasectomy carried out in Clane Hospital subject to €125 excess. This benefit is only available on Family Focus and Hospital Focus plans .
How to claim	
These benefits are claimed in the same way as In-patient Benefits.	
Please see section 2.2 of this Membership Handbook for details of how In-patient Benefits are claimed directly by medical facilities and health care providers .	

Benefit	Description / Criteria
Convalescence benefit	<p>This benefit allows you to claim back some of the cost of a stay in a convalescence home for a specified number of days in your policy year. If this benefit is available under your plan, the maximum amount that we will contribute per day and the maximum number of days for which this can be claimed is set out in your Table of Cover.</p> <p>This benefit is only available in respect of a stay in a convalescence home where you entered such convalescence home immediately after you were an in-patient in a medical facility covered under your plan for the purpose of receiving a medically necessary treatment or procedure</p>
Home nursing	<p>This benefit allows you to claim back some of the cost of home nursing immediately after you have been discharged from an in-patient stay in a medical facility covered under your plan. The home nursing must be provided by a nurse** and your consultant must have advised that the home nursing is medically necessary.</p> <p>The contribution under this benefit is payable for home nursing costs which are incurred up to specified number of days in your policy year. If this benefit is available under your plan, the maximum amount that we will contribute per day and the maximum number of days for which can be claimed will be set out in your Table of Cover.</p>
Child home nursing	<p>Under this benefit we will contribute towards the costs of home nursing by a paediatric nurse**. The child home nursing must be received immediately after the member has been an in-patient for at least 5 days in a medical facility covered under their plan. The member's consultant must have advised that the home nursing care is medically necessary.</p> <p>The contribution under this benefit is payable for child home nursing costs which are incurred up to a specified number of days in your policy year. If this benefit is available under your plan the maximum amount that we will contribute per day and the maximum number of days for which can be claimed will be set out in your Table of Cover.</p>
Parent accompanying child	<p>Under this benefit we will contribute towards the following costs where your child is an in-patient for more than 3 days and you have to travel to be with them:</p> <ul style="list-style-type: none"> > costs of your hotel or bed and breakfast accommodation > your travel costs to and from the medical facility > the costs of food and drink consumed whilst you are visiting your child <p>The contribution under this benefit is payable for reasonable costs incurred by you up to a specified number of days in your policy year. If this benefit is available under your plan the maximum amount which we will cover per day and the maximum number of days for which it can be claimed is set out in your Table of Cover.</p> <p>The contribution can only be claimed for costs incurred after your child has been an in-patient for 3 consecutive days i.e. the contribution can only be claimed for the costs you incur from the 4th day your child remains an in-patient. For the purposes of this benefit "child" means a child of 14 years of age or under.</p>
In-patient support benefit	<p>Under this benefit we will contribute towards the following costs where you have to travel more than 50 kilometres from your home to receive an in-patient treatment or procedure in a public hospital:</p> <ul style="list-style-type: none"> > fuel costs to get to and from the public hospital (petrol or diesel) > public transport costs to get to and from the public hospital <p>The contribution under this benefit is payable for reasonable costs incurred by you up to a specified number of days in your policy year. If this benefit is available under your plan the maximum amount which we will cover per day and the maximum number of days for which it can be claimed is set out in your Table of Cover.</p> <p>This benefit is only available for travel costs to and from a public hospital and only where the hospital in question is the nearest public hospital in which you can receive the treatment or procedure.</p>

Benefit	Description / Criteria
Cancer support benefit	Under this benefit we will contribute towards the costs of hotel or bed and breakfast accommodation where you have to stay in a hotel or bed and breakfast to enable you to receive chemotherapy or radiotherapy in a public or private hospital . This benefit is only available where you have to travel more than 50 kilometres from your home to receive chemotherapy or radiotherapy in the public or private hospital . This benefit is only available for the costs of a hotel or bed and breakfast on the night before and the night after you receive the chemotherapy or radiotherapy. If this benefit is available under your plan the maximum amount that we will contribute per day and per policy year is set out in your Table of Cover.
Medical and surgical appliances	Under this benefit we will contribute towards the costs of the medical and surgical appliances set out on the List of Medical and Surgical Appliances up to the amount specified on that list.

How to claim

You must settle the bill directly with the provider of the goods or services. **You** can **claim** the amount that is covered back from **us** during **your policy year** by scanning **your** original receipts and submitting them through our online **claims** tool (Irish Life Health Online Claiming) in **your member** secure area on www.irishlifehealth.ie

You should keep **your** original receipts for **your** own records and in case the images are unclear and **we** request them to be resubmitted.

Please ensure that all original receipts state:

- > The amount paid;
- > The full name of the **member** receiving **treatment/service** and their date of birth;
- > The type of **treatment/service** received;
- > The date the **treatment/service** was received;
- > The signature and contact details for the treating **consultant** and the hospital or treatment centre where **you** were treated (if applicable).

Unfortunately **we** are unable to return **your** original receipts to **you**, so **we** suggest that **you** keep a copy of **your** receipts for **your** records.

When claiming for the convalescence benefit, home nursing benefit or child home nursing benefit **you** may also have to provide **us** with a medical report from **your consultant** confirming that the stay in a **convalescence home** or the home nursing is **medically necessary**.

Benefit	Description / Criteria
Stress management telephone line	Under this benefit members have access to a stress management telephone service 7 days a week, 365 day a year.

How to claim

Telephone : 1850 718 888

Benefit	Description / Criteria
Medical ambulance costs	Under this benefit we will cover the cost of an ambulance where it is required to transfer you between medical facilities or between a medical facility and a convalescence home . The benefit is only available where the ambulance is provided by Medical Ambulance Limited* and where it is medically necessary . This benefit is only available where you were, or will be, a private patient in the medical facility covered under your plan to which you are being transferred from or to.

How to claim

We will pay Medical Ambulance Limited* directly but **you** must sign the forms provided by Medical Ambulance Limited to allow them to **claim** the costs of the service on **your** behalf.

Benefit	Description / Criteria
Employee Assistance Programme (EAP)	Where this benefit is available on your plan , you will have access to a dedicated telephone counselling service. This telephone counselling service is available 24 hours a day, 365 days a year. 6 face to face counselling sessions per policy year are also available on some plans . The type of cover available is set out in your Table of Cover. This benefit is only available to members who are 18 years old and over. All counselling must be provided by EAP Consultants Limited*.

How to claim

Telephone counselling

To **claim** this **benefit** please call the dedicated EAP phone line on 1850 718 888. EAP will take **your** details and organise for a counsellor to contact **you**

Face to face counselling

If **your** telephone counsellor considers it necessary they will refer **you** to a counsellor for face to face counselling.

Benefit	Description / Criteria
Health in the Home (HITH)	Under this benefit we will cover the costs of a home nursing service, provided by TCP Homecare Limited*, where you require medically necessary treatment but you wish to be discharged and continue your treatment at home. The home nursing is limited to administering your prescribed treatments . Your consultant must have approved your early discharge and consented to your treatment being continued at home. This benefit is only available for home nursing immediately following a medically necessary in-patient stay in a medical facility covered under your plan . This benefit is not available where TCP Homecare Limited* cannot provide the home nursing service for any reason including where they are fully booked or where your home is not in an area serviced by TCP Homecare Limited*. The receipt of the home nursing service operated by TCP Homecare Limited* is subject to TCP Homecare Limited's* terms and conditions and is outside the control of Irish Life Health . This benefit must be pre-authorised by Irish Life Health .

Benefit	Description / Criteria
How to claim	
We will pay TCP Homecare Limited* directly.	
Benefit	Description / Criteria
Asthma care programme	Under this benefit you receive a discount on the asthma care programme run by Asthma Care Ireland*. The discount cannot be used in conjunction with any other offer or promotion run by Asthma Care Ireland and cannot be redeemed online.
How to claim	
This is a point of sale discount which you can claim from Asthma Care Ireland at time of purchase on production of your Irish Life Health membership card.	

*The service providers named under these **benefits** may change from time to time.

** Please see our Directory of Allied Health Professionals, Alternative (Complementary) and Other Practitioners in section 11.1 of this Membership Handbook for details of the qualifications and registrations that must be held by the practitioner.

2.5 OVERSEAS BENEFITS

We have two types of overseas **benefits** available on our **plans**; A&E Abroad **benefits** and Elective Overseas Referral **benefits**.

A&E ABROAD

Our A&E Abroad **benefits** cover **your** medical costs and the costs of repatriation for **you** and **your** companion where **you** require **emergency care** outside **Ireland**. The table below explains all our A&E Abroad **benefits** but **you** should check **your** Table of Cover to see which of these **benefits** apply to **you**.

A&E Abroad	
Benefit	Description / Criteria
Hospital bill for in-patient treatment	<p>Under this benefit we will cover your medical costs for emergency care in a medical facility abroad where:</p> <ul style="list-style-type: none"> > The emergency care is medically necessary; > The emergency care is pre-authorised and arranged by Irish Life Health; > You began your emergency care abroad within 31 days of your departure from Ireland; > You receive the emergency care in an internationally recognised hospital; > You have not travelled against medical advice; > You were not suffering from a terminal illness when you left Ireland; and > You did not suspect when you left Ireland that you might require any medical care when you were abroad and a reasonable person in your position would not have suspected that you would require any medical care when you were abroad. <p>There is a maximum amount that can be claimed under this benefit on your plan. This will be shown in your Table of Cover.</p> <p>We will not cover:</p> <ul style="list-style-type: none"> > non-medical expenses; > medical care that has not been pre-authorised and arranged by us; > elective treatments or procedures or follow on care, regardless of whether this is related to your emergency care; > medical care that could be delayed until your return to Ireland.

How to claim	
<p>You should call our international assistance number 00353 148 17840 in advance of receiving your emergency care to have your medical care pre-authorised and arranged by us. You must provide us with details of your travel insurance and your European Health Insurance Card. If you are unable to contact our international assistance number, a third party may do so on your behalf.</p> <p>In most cases, where we have pre-authorised and arranged your emergency care in advance, we will pay your medical facility and health care providers directly (by direct settlement). However, some medical facilities and health care providers abroad may not accept payment from us by direct settlement. Where this occurs, you must pay the medical facility and health care providers yourself and claim the amount covered under this benefit back from us. You will need to submit your original receipts to us to do so. You should send all receipts to us in an envelope with your name, address and membership number. Unfortunately we are unable to return your original receipts to you, so we suggest that you keep a copy of your receipts for your records.</p>	

Benefit	Description / Criteria
Repatriation expenses	<p>Under this benefit we will arrange and cover the costs (up to a specified amount) of your transport back to Ireland where you are unable to use your return transport to return to Ireland for medical reasons. You must be willing to travel as soon as you are medically fit to do so. If you fail to accept the transport we offer you this benefit will be exhausted. All repatriation travel must be arranged by us. We will not cover the cost of any travel that has not been arranged by us.</p> <p>The maximum amount that we will cover under this benefit is set out in your Table of Cover.</p> <p>This benefit is only available in conjunction with our 'hospital bill for in-patient treatment' benefit.</p>

How to claim

Your companion must pay the providers of the goods and services and keep their receipts. You can *claim* the contribution under this *benefit* from us by sending us their receipts. You must send all original receipts to us in an envelope with your name, address and *membership number*. Unfortunately we are unable to return your original receipts to you, so we suggest that you keep a copy of your receipts for your records.

Benefit	Description / Criteria
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How to claim

Please call our international assistance number 00353 148 17840 and we will arrange your transport back to Ireland. You may be required to provide us with a medical certificate confirming you are fit to travel before we can arrange and cover the costs of your transport back to Ireland.

We will pay the transport providers directly where possible. If we are unable to pay your transport provider directly for any reason you will have to pay them yourself and claim this back from us. You will need to submit your original receipts to us to do so. You should send all receipts to us in an envelope with your name, address and *membership number*. Unfortunately we are unable to return your original receipts to you, so we suggest that you keep a copy of your receipts for your records.

Benefit	Description / Criteria
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Companion repatriation expenses	This <i>benefit</i> allows you to <i>claim</i> back the transport costs incurred by your companion to return to Ireland where they have missed their return mode of transport as a result of remaining with you whilst you were receiving your <i>emergency care</i> . The maximum amount that we will contribute under this <i>benefit</i> is set out in your Table of Cover.
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This *benefit* is only available in conjunction with our 'hospital bill for in-patient treatment' *benefit*.

How to claim

Your companion must arrange and pay for their transport back to Ireland. You can *claim* the contribution under this *benefit* from us by sending us their receipts. You must send all original receipts to us in an envelope with your name, address and *membership number*. Unfortunately we are unable to return your original receipts to you, so we suggest that you keep a copy of your receipts for your records.

Benefit	Description / Criteria
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Expenses for companion who remains with you	This <i>benefit</i> allows you to <i>claim</i> back reasonable accommodation, local transport and food costs incurred by your companion as a result of such companion remaining with you whilst you are receiving your <i>emergency care</i> . The maximum amount that Irish Life Health will contribute under this <i>benefit</i> is set out in your Table of Cover.
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This *benefit* is only available in conjunction with our hospital 'bill for in-patient treatment' *benefit*.

Benefit	Description / Criteria
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24 hour telephone assistance	Under this <i>benefit</i> you have access to a 24 hour telephone assistance line whilst you are abroad.
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This *benefit* is only available in conjunction with our 'hospital bill for in-patient treatment' *benefit*.

How to claim

Please call 00353 148 17840

Please note that our A&E Abroad *benefits* will not apply where your *emergency care* is required:

- > for a nervous, mental or psychiatric condition;
- > for conditions and/or *injuries* arising from excessive alcohol consumption;
- > for conditions and/or *injuries* arising from *substance abuse*;
- > for conditions and/or *injuries* arising from deliberately injuring yourself;
- > for conditions and/or *injuries* arising from your own negligence;
- > for conditions and/or *injuries* arising from *hazardous sports*;
- > for conditions and/or *injuries* arising from breaking the law;
- > for conditions and/or *injuries* arising from air travel unless as a passenger on a licensed aircraft operated by a commercial airline;
- > in a country in which the Irish Department of Foreign Affairs has recommended that you should avoid non-essential travel or not travel; and
- > for giving birth where you travelled abroad intending to give birth abroad or it could reasonably have been expected at the time of your departure that you would give birth abroad.

ELECTIVE OVERSEAS REFERRALS

Our Elective Overseas Referral *benefits* cover some of the cost of having a *surgical procedure* performed abroad. We provide two *benefits* under our Elective Overseas Referral *benefits*; (A) 'benefit abroad for surgical procedures that are available in Ireland' and (B) 'benefit abroad for surgical procedures

that are not available in Ireland'. The table below explains both our 'Elective Overseas Referral' *benefits* but you should check your Table of Cover to see if these *benefits* are covered under your *plan*.

All elective *medical care* received abroad must be *pre-authorised* by Irish Life Health. See the "How to Claim" section of the table below for details of how to have your elective overseas *medical care pre-authorised* by us.

Please note you will only be covered up to the amount *pre-authorised* by us. Your overseas *medical facility* and *health care providers* may charge more than this amount. If they do, you will be responsible for paying the balance. In addition we do not pay overseas *medical facilities* and *health care providers* directly. You will need to pay your entire bill to the *medical facility* and/or *health care providers* yourself. You can then *claim* the *pre-authorised* amount from us by submitting your receipts.

When you submit an Irish Life Health Overseas Pre-Approval Form to us, our *medical advisers* will decide whether the *surgical procedure* you require abroad is available in Ireland. This can require a complex medical assessment of the *treatments* and *procedures* you wish to receive abroad and the *treatments* and *procedures* available in Ireland to treat your condition. The decision of our *medical advisers* is final. In addition, their assessment is based entirely on the information you provide in advance of your undergoing your *procedure* (in your Irish Life Health Overseas Pre-Approval Form). The amount *pre-authorised* by us cannot be reassessed following your *treatment* regardless of whether the *treatment* you receive differs from that anticipated in your Irish Life Health

Overseas Pre-Approval Form or otherwise.

Please note that the following conditions apply to Elective Overseas Referrals:

- > The **surgical procedure** must be performed within 31 days from when **you** leave **Ireland**;
- > **You** must have been referred for the **surgical procedure** abroad by a participating **consultant** in **Ireland** or through the International Second Opinion Service **benefit**, if applicable
- > The **surgical procedure** must be performed before **your pre-authorisation** expires. **Your pre-authorisation** will end either 6 months from when it is granted, or at the end of the **policy year**;
- > The **surgical procedure** must be **medically necessary** and our **medical advisers** must agree that the **surgical procedure** will result in a reasonably favourable medical prognosis;

- > The proposed **surgical procedure you** require abroad must be related to and have the same objective as a **procedure** or **treatment** that **you** are covered for in **Ireland**; and
- > The **surgical procedure** or, where the **surgical procedure** is not available in **Ireland**, the most similar **surgical procedure** available in **Ireland**, must not be controlled by a national register of waiting lists for **transplants** or other complex **procedures**.

You must have an Irish PPSN in order to claim any of the above benefits. If you do not have an Irish PPSN, you will not be covered for any medical or additional costs incurred while outside Ireland or the cost of repatriation to Ireland.

Elective Overseas Referral	
Benefit	Description / Criteria
Benefit abroad for surgical procedures that are available in Ireland	<p>Under this benefit we will cover the following:</p> <ul style="list-style-type: none">> Hospital costs: We will cover your hospital costs in a medical facility abroad up to the amount that would be covered under your In-patient Benefits if you were to be admitted to a medical facility in Ireland to have the surgical procedure performed. Our medical advisers will base their assessment on the hospital costs that would be covered in the medical facility in Ireland, which, in their opinion, would have been most suitable for you.> Consultant's fees: Consultants practicing overseas are treated as standard rate consultants. Under this benefit Irish Life Health will cover your consultant's fees to the same level as would be covered under your plan if you were treated by a standard rate consultant whilst admitted to a medical facility in Ireland to receive your surgical procedure. Please see section 2.2 of this Membership Handbook for information on how the professional fees of standard rate consultants are covered. <p>Our medical advisers will decide the hospital costs and the consultant's fees that would have been covered if you were admitted to a medical facility in Ireland to undergo the surgical procedure you wish to receive abroad. The decision of our medical advisers is final. The costs of traveling to and from the country in which you wish to receive your surgical procedure will not be covered. We will confirm the amount that we will cover under this benefit when we pre-authorise your overseas surgical procedure.</p>
Benefit abroad for surgical procedures that are not available in Ireland	<p>Under this benefit we will cover the following:</p> <ul style="list-style-type: none">> Hospital costs: We will cover your hospital costs in a medical facility abroad up to the amount that would be covered under your In-patient Benefits if you were to be admitted to a medical facility in Ireland to receive the most similar surgical procedure available in Ireland. Our medical advisers will base their assessment on the hospital costs that would be covered in the medical facility in Ireland, which, in their opinion, would have been most suitable for you.> Consultant's fees: Consultants practicing overseas are treated as standard rate consultants. Under this benefit Irish Life Health will cover your consultant's fees to the same level as would have been covered under your plan if you were treated by a standard rate consultant whilst admitted to a medical facility in Ireland to receive your surgical procedure. Please see section 2.2 of this Membership Handbook for information on how the professional fees of standard rate consultants are covered. <p>Our medical advisers will decide the hospital costs and the consultant's fees that would be covered if you were admitted to a medical facility in Ireland to undergo a surgical procedure to treat the medical condition/conditions specified in your Irish Life Health Overseas Pre-Approval Form. Our medical advisers must believe that the surgical procedure that you wish to undergo abroad is medically proven to be a more effective method of treatment than the treatments and procedures available in Ireland to treat the condition/conditions specified in your Irish Life Health Overseas Pre-Approval Form. The decisions of our medical advisers are final. The costs of traveling to and from the country in which you wish to receive your surgical procedure will not be covered.</p>
How to claim	
<p>If you wish to claim either of these benefits you must have all your medical care abroad pre-authorised by us. To obtain pre-authorisation you will need to complete the Irish Life Health Overseas Pre-Approval Form which is available on our website. Part 3 of the Irish Life Health Overseas Pre-Approval Form must be completed by your GP or Consultant. Where our medical advisers deem it necessary, you may also be required to provide us with additional information (including a detailed medical report) from your GP or Consultant in Ireland and/or your treating consultant abroad.</p> <p>We will assess your pre-authorisation request within 15 working days and confirm the amount for which you are covered. You will need to pay your overseas medical facility and health care providers directly for your medical care. You can then claim the amount we have pre-authorised back from us by submitting your original receipts to us in an envelope with your name, address and membership number (see section 10 for details of where to send your receipts). Unfortunately we are unable to return your original receipts to you, so we suggest that you keep a copy of your receipts for your records.</p>	

Benefit	Description / Criteria
International Second Opinion Service	<p>MediGuide International LLC provide Irish Life Health members with access to a medical second opinion. MediGuide's Medical Second Opinion Service can help give you peace of mind if you are diagnosed with a medical condition. This means you can have an independent review of your diagnosis and treatment plan from one of a range of leading medical centres around the world.</p> <p>Irish Life Health members may request a medical second opinion through MediGuide under most circumstances, with the following exceptions:</p> <ul style="list-style-type: none"> > Member has not received a diagnosis – a member must have been given an official diagnosis by his or her treating physician as a prerequisite in order for the medical centre giving the second opinion to review the diagnosis and to provide treatment recommendations where appropriate on a particular medical condition; > Member has not been evaluated by a treating physician within the last 12 months – recent medical records are required by the medical centre giving the second opinion in order to provide relevant treatment recommendations; > Member has developed an acute or life threatening condition – if a member requires immediate medical attention, they should seek the care of their treating physician on an urgent basis, and not delay while awaiting the arrival of the medical second opinion; > Physical evaluation of the member is required – certain conditions will always require an in-person study and evaluation (for example, mental health conditions), such cases would not be eligible to receive a medical second opinion. <p>To access this service, please freephone MediGuide directly on 1800 944 396. Remember to have your Irish Life Health policy number ready when you call. There is no charge for using this service. When you call, the customer care agent will explain the service and take some information from you. Your case will be reviewed by a team of experts in the specific field of medicine involved. You will be assigned a clinical case manager and a comprehensive, confidential report will be provided to you within 10 working days, after MediGuide has received all the required medical records. You will be brought through the report by your clinical case manager to make sure you understand everything. This service offers you the reassurance of knowing if your diagnosis and treatment plan is right for you or give you alternative options and support, where appropriate. If you choose an alternative option, such as treatment in an international facility, an additional unique case management programme called Navigator can be accessed.</p> <p>Navigator can assist you with case management and advice on recommended medical facilities and arrange admission, cost containment and claims settlement from medical providers, provide you with a cost estimate for the treatment package, arrange a translation service and provide travel arrangements assistance, if required.</p> <p>Important information about the International Second Opinion Service</p> <p>Any contact you make with MediGuide around the International Second Opinion Service will be directly with MediGuide itself. Irish Life Health does not provide this service and has no involvement in the International Second Opinion or Navigator Service. Irish Life Health has no access to your medical records or the medical second opinion nor do we provide MediGuide with any medical information.</p> <p>Please note there are limits to your health insurance cover. Treatments and procedures proposed as a result of the medical second opinion provided by MediGuide may not be covered by your health insurance policy. Where cover may be available on your plan under your Elective Overseas Referral benefits, any proposed treatment or procedures must be pre-authorised by Irish Life Health before you travel abroad for treatment and must meet all the criteria in relation to the Elective Overseas Referral benefits, the decision of our medical advisers is final.</p> <p>You will be liable for the cost of travel and all other costs such as treatment outside of those covered by your health insurance policy.</p> <p>MediGuide provides an independent and confidential service. MediGuide is independent from Irish Life Health and Irish Life Health accepts no liability for this service. Your access to the MediGuide International Second Opinion Service is subject to MediGuide terms and conditions. In the event that the MEDIGUIDE Provider is based outside the EEA or Switzerland, you will be required to pay a deposit of no more than €2,000 to the MEDIGUIDE Provider. This fee is not covered by Irish Life Health and the terms and conditions around this payment should be discussed in full with MediGuide in advance of you making the payment.</p> <p>The service provider named under this benefit may change from time to time. Please also note that we are not responsible for the content of the websites of service providers.</p>

How to claim

Please call 0044 208 481 7727

As an *Irish Life Health member*, you are eligible to receive discounts on certain health related products or services. These are known as *Irish Life Health Member Benefits* and are explained in the table below. To *claim your Irish*

Life Health Member Benefits, you will need to prove that you are an *Irish Life Health member* at the time of purchasing the products or booking/receiving the service. You can do this by showing your *Irish Life Health* membership card. The companies providing the products and services and the discounts that are available may change from time to time so you should check the most up to date information on our website before you try to *claim*.

Irish Life Health Member Benefits		
Benefit	Provider contact details	Description / Criteria
Health screening	<p>Charter Medical Group* Telephone: 01 657 9000</p> <p>Employment Health Advisers* Telephone: 021 453 6000</p>	<p>Charter Medical Group and Employment Health Advisers provide <i>Irish Life Health members</i> with a point of sale discount on health screening. This offer may not be used in conjunction with any other offer or promotion run by Charter Medical Group and Employment Health Advisers. This discount can be <i>claimed</i> once per <i>policy year</i>.</p> <p>In addition to the discount, you may also be able to <i>claim</i> a contribution from us on the amount that you have paid to Charter Medical Group or Employment Health Advisers for your health screening. To <i>claim</i> the contribution from us you need to settle the bill directly with Charter Medical Group or Employment Health Advisers and send your receipt to us at the end of your <i>policy year</i> (see section 10 of this Membership Handbook for contact details for our claims team).</p>
Smoking Cessation	<p>Allen Carr's Easyway to Stop Smoking Programme* Telephone: 1890 379 929 or 01 4999010 Website: www.easyway.ie or www.allencarr.ie</p>	<p>Allen Carr's Easyway to Stop Smoking Programme provide <i>Irish Life Health members</i> with a point of sale discount on its smoking cessation programme. This offer may not be used in conjunction with any other offer or promotion run by Allen Carr's Easyway to Stop Smoking Programme.</p>
Dental Access Package	<p>Smiles Town and Dental Telephone: 1850 323 323 Website: www.smiles.ie</p>	<p>Smiles Town and Dental provide <i>Irish Life Health members</i> with a point of sale discount on a number of dental <i>treatments</i>.</p> <p>This discount cannot be used in conjunction with any other offer or promotion run by Smiles Town and Dental facilities. Where the <i>treatment</i> or <i>procedure</i> is not supplied for the entire mouth, the discount shall be applied on a <i>pro-rata</i> basis.</p>
Asthma care programme	<p>Asthma Care Ireland* Telephone: 1800 931 935 or 091 756229 Email: info@asthmacare.ie Website: www.asthmacare.ie or www.buteykochildren.com</p>	<p>Asthma Care Ireland provide <i>Irish Life Health members</i> with a point of sale discount on its asthma care programme.</p> <p>The discount cannot be used in conjunction with any other offer or promotion run by Asthma Care Ireland and cannot be redeemed online.</p>
Laser eye surgery	<p>Optilase* Telephone: 1890 301 302 Website: www.optilase.com</p>	<p>Lominol Limited t/a Optilase provide <i>Irish Life Health members</i> with a point of sale discount on LASIK or LAASEK <i>treatments</i>. Where the <i>treatment</i> is not supplied for both eyes, the discount shall be applied on a <i>pro-rata</i> basis. This offer may not be used in conjunction with any other offer or promotion run by Lominol Limited t/a Optilase.</p>
Fitsquad	<p>2012 FITSQUAD LIMITED* Website: www.fitsquad.ie</p>	<p>2012 Fitsquad Limited provide <i>Irish Life Health members</i> with a point of sale discount on its fitsquad outdoor fitness programme. This offer may not be used in conjunction with any other offer or promotion run by 2012 Fitsquad Limited.</p>
U Mamma	<p>U Mamma* Telephone: 01 2014900 Website: www.umamma.ie</p>	<p>U Mamma provide <i>Irish Life Health members</i> with a point of sale discount on pre and post natal <i>treatments</i>. This offer may not be used in conjunction with any other offer or promotion run by U Mamma.</p>
4d scans	<p>Ultrasound Dimensions* 21 Main Street, Blackrock, Co. Dublin Telephone: 01 210 0232 Email: info@ultrasound.ie</p>	<p>Ultrasound Dimensions provide <i>Irish Life Health members</i> with a point of sale discount on 4D maternity scans. This offer may not be used in conjunction with any other offer or promotion run by Ultrasound Dimensions.</p>
Elvery's Sports	<p>Elvery's Sports* Stores nationwide</p>	<p>Elvery's Sports provide <i>Irish Life Health members</i> with a point of sale discount on certain products and a free gift with purchases over a specified amount. This offer may not be used in conjunction with any other offer or promotion run by Elvery's Sports.</p> <p>In addition we will contribute towards the cost running shoes purchased from Elvery's Sports. One contribution can be <i>claimed</i> per member per <i>policy year</i>. To <i>claim</i> the contribution from us you need to settle the bill directly with Elvery's Sports and send your receipt to us at the end of your <i>policy year</i> (see section 10 of this Membership Handbook for contact details for our claims team). This <i>Irish Life Health Member Benefit</i> is available on certain <i>plans</i> only. Please refer to your Table of Cover to see if it's applicable to your <i>plan</i>.</p>

Benefit	Provider contact details	Description / Criteria
Back up	Health & Case Management Limited (HCML)*	<p>Health & Case Management Limited provide <i>Irish Life Health members</i> with advice on back and neck pain and where required physiotherapy for a once off nominal fee.</p> <p>Please call us on (021) 480 2040 and provide us with some initial details. We will put you in contact with a clinical case manager from HCML.</p> <p>Your clinical case manager will assess your requirements and provide you with advice and information on exercises or other things you can do to improve your condition. Where HCML considers it necessary, they will refer you to one of their associated physiotherapists. You must attend the physiotherapist recommended by HCML. You'll be entitled to two physiotherapy treatment programmes in policy year for a nominal fee of €50 per treatment programme. This fee should be paid to your physiotherapist at the first session of your treatment programme. Each treatment programme is limited to 8 physiotherapy sessions. Each treatment programme must be completed within 6 months from the date it is begun. A second treatment programme can only be started 4 months after the preceding one finishes. Additional physiotherapy session within a treatment programme will require pre-authorisation. This is only available to members who are 18 years old and over.</p> <p>Further information on Back Up is available on our website at irishlifehealth.ie/members/member-benefits/back-up/.</p>
Affidea Minor Injury Unit	Unit D1 Tallaght Cross East, Tallaght, Dublin 24. Tel: 01 462 2140 The Elysian, Eglinton Street, Cork City Centre. +353 21 431 9995 Website: www.affidea.ie	<p>Affidea minor injury units in Tallaght, Dublin & Eglinton Street, Cork will provide Irish Life Health members with a point of sale discount on initial consultations. Members on Health plan 28 can access this benefit from 1st December 2017. This offer may not be used in conjunction with any other offer or promotion run by Affidea.</p> <p>Further information is available on our website at irishlifehealth.ie</p>

* The service providers named under these **benefits** may change from time to time. Please also note that **we** are not responsible for the content of the websites of these service providers.

3 EXCLUSIONS FROM YOUR COVER

We do not cover the following (subject to compliance with the **Minimum Benefit Regulations**):

- > Any costs that are not covered under a **benefit** listed on **your** Table of Cover;
- > Any costs incurred whilst a waiting period applies;
- > The cost of any **medical care** that our **medical advisers** believe is not **medically necessary**;
- > Any costs that our **medical advisers** believe are not **reasonable and customary costs**;
- > The cost of any **medical care** that our **medical advisers** believe is not an **established treatment**;
- > Any costs incurred in a **medical facility** that is not covered under **your plan**;
- > The cost of any **treatment** or **procedure** provided by a **health care provider** who is not registered with **Irish Life Health**;
- > Any costs associated with **treatments** and **procedures** that are not listed in the Schedule of Benefits;
- > Preventative or maintenance **treatments** and **procedures** unless listed in the Schedule of Benefits;
- > **Cosmetic surgery** unless this is **medically necessary** to restore a **member's** appearance due to: (i) an **accident**, (ii) a genetic disfigurement at birth or (iii) a significant disfigurement caused by disease;
- > Any costs arising from or related to **medical care** not covered by **Irish Life Health**, including subsequent **treatments**, **procedures** or **medical care** which are required as a result of such **medical care**;
- > Gender reassignment **treatments** or **procedures**;
- > Any costs that relate in any way to **transplants** including any subsequent **treatments**, **procedures** or **medical care**;
- > Any nursing home care and convalescence care that is not covered under our convalescence **benefit**;
- > Ambulance costs except those covered under our Medical ambulance costs **benefit**;
- > Any shortfalls due to currency exchange fluctuations;
- > The costs of any form of vaccination except that covered under our vaccination **benefit** as a Day-to-day Benefit or an Out-patient Benefit;
- > Any costs associated with family planning or contraceptive measures, including any form of infertility **treatment**, the reversal of infertility **treatment** and assisted reproduction, except where such costs are covered under our vasectomy **benefit**, prescription **benefit**, Fertility treatment at Beacon CARE fertility **benefit**, AMH fertility test **benefit** or the fertility assessment in our health screening **benefit**;
- > Any **treatment** programmes for weight related disorders or eating disorders that are not provided by a **consultant** psychiatrist in a **medical facility** covered under **your plan**;
- > Any costs relating to participation in clinical studies or trials;
- > Any costs arising from or related to **injury** or illness caused by virtue of war, chemical, biological or nuclear disasters, civil disobedience or any act of terrorism;
- > The cost of any **medical care** or other goods or services provided by a **member** of the insured's **immediate family** unless this is **pre-authorised** by **Irish Life Health**;
- > Expenses for which **you** are not liable;
- > The cost of any **medical care** or other goods or services which were not received by **you**;
- > Any costs not incurred during **your policy year**;
- > Any costs associated with the **treatment** of symptoms which are not due to any underlying disease, illness or **injury**;
- > Nursery fees;
- > The cost of ophthalmic **procedures** for correction of short-sightedness, long-sightedness or astigmatism where the **procedure** is being performed to avoid wearing glasses or contact lenses;

- > The cost of any **medical care** which is performed by, or under the direction of, a **consultant** who is not registered with the Irish Medical Council as a specialist in the area in question;
- > The cost of health screening except where the costs are covered under our health screening **benefit**, sexual health screening **benefit**, health screening at any centre **benefit** or where a contribution is available on health screening under our **Irish Life Health** Member Benefits;
- > Any penalty charge in lieu of Health Act contributions;
- > Any psychologists fees other than those covered under the psycho-oncology counselling **benefit**, the clinical psychologist **benefit** and the child counselling **benefit**;
- > The cost of prophylactic **procedures** to remove organs or glands that shows no sign of cancer in an attempt to prevent the development of cancer of the organ or gland in question, unless the **procedure** is listed in the Schedule of Benefits and it provides that it can be performed for that purpose;
- > The cost of drugs or medication unless they are covered under a Day-to-day Benefit or an Out-patient Benefit or are provided to **you** as part of **your hospital costs** whilst **you** are an **in-patient** or a **day case** patient in a **medical facility** covered under **your plan**;
- > The cost of a drug which is over and above the cost of a drug which is, in the opinion of our **medical advisers**, an alternative, generic or bio similar drug;
- > The cost of a drug not recommended for cover by the National Centre for Pharmacoeconomics, National Cancer Control Programme or the Health Service Executive unless pre-approved by us prior to treatment;
- > The costs of drugs where they are used for a purpose which is different from that for which they were licensed by the Health Products Regulatory Authority;
- > The cost of **rehabilitation** services;
- > The costs of a robotic **surgical procedure** which are over and above the costs that would have been incurred had the **surgical procedure** been performed using traditional methods;
- > Any costs, legal or otherwise, incurred by a **member** as a result of making a **claim** or taking legal action against any person/company/public body;
- > Medical expenses imposed for non-attendance or late cancellation of an appointment;
- > The costs of medical certificates, medical records / reports, or the costs associated with obtaining details of medical history;
- > Differences in foreign exchange rates, bank charges or other charges applied to foreign exchange

4 YOUR POLICY

JOINING IRISH LIFE HEALTH

Your plan/policy lasts for one year which means that **your policy/plan** will run until the **renewal date** shown on **your** membership certificate unless cancelled by the **policyholder** or by **us** for the reasons outlined in this Membership Handbook. As soon as **we** receive **your** first premium, **you** will be covered from **your** chosen commencement date subject to the terms and conditions of **your policy**. When **you've** joined, **you** will have access to the secure membership area of our website where **you** can make changes to **your** cover and to **your** personal details. Please note that if **you** are a **group scheme member** you may not be able to make changes to **your plan** via the secure membership area of our website. Please see section 8 for further details on **group schemes**.

CHANGING YOUR POLICY

The **policyholder** can make changes to their **policy** or any of the **plans** listed on their **policy** at any time by logging onto the membership area on our website (Irishlifehealth.ie/members/manage-my-plan) or by contacting **us** (or their broker) directly. Changes can affect the premium that is payable. If a change is made to the **policy**, **we** will issue new **policy** documents to the **policyholder** as soon as the change is completed. Please be aware that an upgrade waiting period may apply where there is an upgrade in cover (please see section 6 for further details on upgrade waiting periods). **We** cannot take instructions to make changes to the **policy** or any of the **plans** listed on the **policy** from a **member**. However, the **policyholder** can nominate a person to act on their behalf to make changes to the **policy** or any of the **plans**. If **you** wish to nominate someone, please call or write to **us** and let **us** know if they have authority to act on the entire **policy** or just specific **plans**.

Where a **plan** is altered prior to the end of the **policy year**, the Day-to-day Benefits and Out-patient Benefits will be applied on a **pro-rata** basis.

RENEWING YOUR PLAN

To renew **your** membership:

- > If **you** pay in monthly installments by direct debit, simply continue to make **your** direct debit payments. **We** will automatically renew **your policy**.
- > If **you** pay **your** annual premium in advance by credit card, please contact **us** to arrange payment and renew **your policy** (see section 10 of this Membership Handbook for our contact details).

CANCELLING YOUR POLICY

Your policy or any of the **plans** listed on **your policy** may be cancelled before the end of **your policy year** for one of three reasons:

1) You no longer want health insurance with Irish Life Health

The **policyholder** can choose to cancel the **policy** or any of the **plans** listed on the **policy** at any time. To do this, they just need to call our customer services team or let **us** know in writing. If we're asked to remove a **member** from the **policy**, **we** reserve the right to tell them that they are no longer covered, however, please note that it is not our policy to do so. **It is the policyholder's responsibility to inform the members on their policy of any changes that affect their cover.**

2) Premiums are not kept up to date

We will cancel the **policy** or any of the **plans** listed on **your policy** if **you** do not pay **your** premium when it falls due. **We** will cancel the **policy** or any of the **plans** listed on the **policy** from the date that **your** premiums were paid up to (the Cancellation Date). **We** will not pay any **claims** for goods or services received after the Cancellation Date. **We** will send **you** a letter giving **you** 14 days' notice of our intention to cancel. **We** will send this to **your** last known address.

3) Incorrect information / fraud

We may cancel the **policy** or any of the **plans** on the **policy** if

- > **we** are provided with incorrect information about any of the **members** named on the **policy**; or
- > if any of the **members** named on **your policy** try to or make a fraudulent **claim**.

CONSEQUENCES OF CANCELLATION

Once a **plan** is cancelled, the **member** will no longer be covered. **We** will not pay any **claims** for goods or services received after the Cancellation Date. **We** will be entitled to recover any **claim** amount paid to a **member** for goods or services received after the Cancellation Date. The Out-patient Benefits and

GENERAL RULES

- > **Your policy** is governed at all times by the laws of **Ireland** and the exclusive jurisdiction of the courts of **Ireland**;
- > All **policy** documents and communications to **members** will be in English. **We** can provide **policy** documents and/or communications in braille or large print if requested;
- > **You** can only take out health insurance in **Ireland** if **you** are a resident of **Ireland**. If **you** are not a resident of **Ireland** **we** will not be able to provide **you** with health insurance cover and **we** will decline any **claims** made by **you** whilst **you** are not a resident of **Ireland**;
- > **You** may be required to validate the information contained in **your** claim form. **We** may contact **you** during the claims process for this purpose;
- > Where the amount that can be **claimed** under a **benefit** is greater than the amount **you** have been charged for the goods or services that are covered under that **benefit**, **we** will only cover the amount that **you** have been charged subject to any **excess**, shortfall or co-payment which may apply;
- > The availability of beds in a **semi-private room** or **private room** is determined by the **medical facilities** and is outside the control of **Irish Life Health**;
- > Where **we** cover the cost of goods or services that **you** have received as a result of an **accident** or **injury** for which another person/company/public body may be liable and **you** make a **claim** or take legal action against such other person/company/public body, **you** must include the cost of the goods or services covered by **us** in the damages **you** seek to recover from the person/company/public body. If **you** successfully recover some or all of the costs covered by **Irish Life Health**, by whatever means, **you** must reimburse **us** as soon as possible. **We** will not contribute towards the costs of pursuing such a **claim** or legal action;
- > Where **you** (or any other person for whom **you** are seeking health insurance) hold any form of health insurance with another company **you** must let **us** know at the inception of **your policy**. Where the costs of the goods or services which are covered under **your plan** with **Irish Life Health** are also insured by another insurer, such costs will be allocated between **us** and **your** other insurer on a **pro-rata** basis when **you** make a **claim**;
- > **You** will be covered under the **benefits** available in the **plan** **you** hold on the date **your medical care** (or other service) commences or on the date **you** receive goods, subject to any waiting periods that may apply. If **you** reduce the level of cover on **your plan**, this lower level of cover becomes effective immediately;
- > **You** must provide details of your membership with **us** to **your medical facility** and **health care providers** before undergoing **your procedure** or **treatment** or being admitted to a **medical facility**;
- > **We** will not return the original receipts **you** send **us** as part of **your claim**, however, **we** may return other original documents **you** submit to **us** provided **you** let **us** know **you** require **us** to return them to **you** at the time **you** submit them to **us**;
- > **We** will not pay **your claim** where **you** have failed to comply with any of the terms of our contractual documents;
- > **We** have absolute discretion whether or not to exercise our legal rights. Failure to exercise our legal rights shall not prevent **us** from doing so in the future;
- > **Irish Life Health** and our agents reserve the right to review any information which relates to the **medical care**, goods or services that **you** are claiming

Day-to-day Benefits will be allocated on a **pro-rata** basis. (e.g. where the **GP** visits **benefit** covers a contribution of up to €30 for up to 8 visits and the **plan** is cancelled after 6 months, the number of visits for which the **member** can **claim** will be reduced to 4). The yearly **excess** applicable to those **benefits** will not be reduced on a **pro-rata** basis.

If a fully paid **policy** or **plan** is cancelled before the end of the **policy year** and no **claims** have been made before the **policy** or **plan** is cancelled, **we** will reimburse the **policyholder** for the cover the **members** have not received – i.e. from the Cancellation Date until the next **renewal date**. Please note **we** will apply a mid-term cancellation charge (**you** can find more information about this charge in the paragraph below). **We** will not return the amount of premium for any cover received before the date of cancellation. If **we** cancel a fully paid **policy** or **plan** before the end of the **policy year** due to the provision of incorrect information or fraud, **we** will not refund any of the premium that has already been paid.

MID-TERM CANCELLATION CHARGE

We will apply a mid-term cancellation charge if:

- > **you** choose to cancel **your policy** or any of the **plans** listed in **your policy** before the end of **your policy year**;
- > **we** are forced to cancel **your policy** or any of the **plans** listed in **your policy** due to non-payment of premium, because **you** or any of the **members** on the **policy** try to **claim** when **you're/they're** not entitled to or because **you** have provided **us** with incorrect information.

The mid-term cancellation charge is made up as follows:

- > An administration fee of €25;
- > The portion of the **government levy** which has not yet been paid by **you**. The **government levy** is a stamp duty which is payable on health insurance **plans**. A full explanation of the **government levy** is contained in the Definitions section of this Membership Handbook.

We reserve the right to deduct the amount for the mid-term cancellation charge against any amount due to be refunded. In all other cases **we** will send **you** an invoice in respect of the mid-term cancellation charge.

COOLING OFF

You can cancel **your policy** free of charge within 14 days from the date the **policy** was entered into or from the date **you** are given the **policy** documentation, whichever is the later. This is known as the cooling off period. **We'll** give **you** a full refund of premium unless **you** or any **member** has made a **claim** during this period. Should **you** wish to cancel **your policy** with effect from a date later than the start date, **we** will charge **you** for providing health insurance cover up to the date of cancellation and **we** will apply a mid-term cancellation charge in this case.

PAYING YOUR PREMIUMS

All premiums must be paid in euro. **We** have a number of payment options which are outlined below.

You can pay your premium monthly by direct debit or annually, in full, by debit or credit card only. **We** do not accept payment by cheque.

If **you** have chosen to pay by direct debit, **we** will collect **your** premium on a monthly basis and it's up to **you** to make sure **your** monthly payments are available for collection. The first payment in any **policy year** may be more or less than **your** monthly premium if **your policy** start date is different to **your** chosen direct debit collection date. This may also occur if **you** decide to change **your** direct debit collection date mid **policy year**.

for (including **your** medical records) where **we** are of the opinion that access to such information is required to process **your claim** and/or detect or prevent fraud. **You** must provide **your medical facility** and **health care providers** with any consents which they require to allow them to release such information to **Irish Life Health** and our agents. **We** will not pay **your claim** where **we** are unable to gain access to any information which **we** believe is necessary to enable **us** to process the **claim** or detect fraud;

- > If any provision of this Membership Handbook is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, the invalidity or unenforceability of such provision shall not affect the other provisions of this Membership Handbook and all provisions not affected by such invalidity or unenforceability shall remain in full force and effect.
- > In the event that **Irish Life Health** disagrees with the classification of a **member** as a public or a private patient by a **medical facility** or a **health care provider**, our decision shall prevail and be final.
- > Any dispute between **you** and **us** (about our liability over a **claim** or the amount to be paid, where the amount of the **claim** is €5,000 or more) must be referred (within 12 months of the dispute arising) to an arbitrator appointed jointly by **you** and **us**. If **we** cannot agree on an arbitrator, the President of the Law Society of Ireland will decide on the arbitrator and the decision of that arbitrator will be final. **We** may not refer the dispute to arbitration without **your** consent where the amount of the **claim** is less than €5,000. If **you** do not refer such a dispute to arbitration within 12 months, **we** will treat the **claim** as abandoned.

Initial Waiting Periods		
Benefit	Under 55 years old	55 years and older
All In-patient Benefits Medical Ambulance Cost Health In the Home PET CT Scans Oncotype Dx Day-case for Rheumatology and Chemo Public Hospital Levy		26 weeks
All Maternity and Infertility Benefits		52 weeks
All Day to Day Benefits Post Operative Home Help Alternative amount for post-operative home help Convalescence Benefit Home Nursing Parent Accompanying Child In-patient Support Benefit Cancer Support Benefit	None	26 weeks
Medical & Surgical Appliances All Out-patient Benefits Asthma Care Programme Employee Assistance Programme Stress Management Telephone Line		None
Child Home Nursing	None	N/A

6 WAITING PERIODS

WAITING PERIODS

A waiting period is the amount of time that must pass before **you** will be covered under **your plan** or before **you** will be covered to the level of cover available under **your plan**. Previous foreign health insurance coverage is not taken into account for waiting periods. There are a number of different types of waiting periods:

- > Initial waiting periods
- > **Pre-existing condition** waiting periods
- > Upgrade waiting periods

INITIAL WAITING PERIODS

Initial waiting periods apply when **you** take out health insurance for the first time or when **you** take out health insurance after **your** health insurance has lapsed for 13 weeks or more. **You** will not be covered during **your** initial waiting period.

Initial waiting periods do not apply in the following circumstances:

- > To **claims** made in respect of children who have been added to **your policy** within 13 weeks of the date of their birth
- > To **claims** made in respect of adopted children who have been added to **your policy** within 13 weeks of the date of their adoption
- > To **claims** in respect of **emergency care** for **accidents** and **injuries**.

The table below sets out the initial waiting periods applied by **Irish Life Health**. These waiting periods will apply from the date **you** took out health insurance with **Irish Life Health** or another insurer for the first time, or, from the date **you** took out health insurance with **Irish Life Health** or another insurer after **your** health insurance had lapsed for 13 weeks or more.

PRE-EXISTING CONDITION WAITING PERIODS

Where **you** make a **claim** which relates to a **pre-existing condition**, a **pre-existing condition** waiting period will apply. A **pre-existing condition** is an ailment, illness or condition, the signs or symptoms of which existed at any time in the six months before **you** took out health insurance for the first time or before **you** took out health insurance after **your** health insurance had lapsed for 13 weeks or more.

You will not be covered for a **pre-existing condition** during **your pre-existing condition** waiting period. Our **medical advisers** will decide whether **your claim** relates to a **pre-existing condition**. Their decision is final.

Pre-existing condition waiting periods do not apply in the following circumstances:

- > To **claims** made in respect of children who have been added to **your policy** within 13 weeks of the date of their birth
- > To **claims** made in respect of adopted children who have been added to **your policy** within 13 weeks of the date of their adoption.

The following table sets out the **pre-existing condition** waiting periods applied by **Irish Life Health**. These waiting periods will apply from the date **you** took out health insurance for the first time (with **Irish Life Health** or another insurer), or from the date you took out health insurance (with **Irish Life Health** or another insurer) after **your** health insurance had lapsed for 13 weeks or more.

Pre-Existing Condition Waiting Periods		
Benefit	Under 55 years old	55 years and older
All In-patient Benefits Day-case for Rheumatology and Chemo PET-CT Scans Health In the Home	5 years	
All Maternity and Infertility Benefits	52 weeks	
All Day to Day Benefits All Out-patient Benefits Asthma Care Programme Stress Management Telephone Line Medical Ambulance Cost Medical & Surgical Appliances Employee Assistance Programme Convalescence Benefit Home Nursing Child Home Nursing Parent Accompanying Child In-patient Support Benefit Cancer Support Benefit Public Hospital Levy Post Operative Home Help Alternative amount for post-operative home help Oncotype Dx	None	

UPGRADE WAITING PERIODS

An upgrade waiting period will apply when **you** upgrade **your** cover (i.e. **you** purchase a **plan** with more comprehensive cover than **your** previous **plan**). This may happen if **you** change **your plan** with **us** or when coming to **Irish Life Health** from another health insurer. Where an upgrade waiting period applies, **we** will cover **you** to the level that was available under the **benefit** that **you** are claiming on **your** previous **plan**. Where the **benefit you** are claiming was not available on **your** previous **plan**, **you** will not be covered. The one exception to this is where **you** are claiming under **your** In-patient Benefits. **We** will only apply an upgrade waiting period to **claims** made under **your** In-patient Benefits where **your claim** relates to an ailment, illness or condition that existed before **you** upgraded. In these circumstances, **you** will be covered to the level of cover that was available under the In-patient Benefits on the **plan** that **you** previously held before upgrading your cover. Our **medical advisers** will determine when **your** ailment, illness or condition commenced. Their decision is final.

The table overleaf sets out the upgrade waiting periods applied by **Irish Life Health**. These waiting periods will apply from the date **you** upgraded.

Upgrade Waiting Periods		
Benefit	Under 55 years old	55 years and older
All In-patient Benefits Medical Ambulance Cost Health In the Home Day-case for Rheumatology and Chemo PET CT Scans	2 years	
All Maternity and Infertility Benefits	52 weeks	

Benefit	Under 55 years old	55 years and older
Post Operative Home Help Alternative amount for post-operative home help Oncotype Dx Convalescence Benefit	None	52 weeks
Home Nursing Parent Accompanying Child In-patient Support Benefit Cancer Support Benefit Medical & Surgical Appliances	None	26 weeks
All Day to Day Benefits All Out-patient Benefits Asthma Care Programme Employee Assistance Programme Stress Management Telephone Line Public Hospital Levy	None	
Child Home Nursing	None	N/A

7 FRAUD POLICY

We operate a fraud policy in respect of all **claims** made by **you** or on **your** behalf. **We** do regular audits of all **claims**. In all instances where fraud is suspected, **we** will carry out a full and comprehensive investigation. If a **claim** submitted by **you** or on **your** behalf is found to be fraudulent or dishonest in any way, the **claim** will be declined in its entirety, **benefits** under the **policy** will be forfeited and the **policy** and/or any **plans** listed on the **policy** may be cancelled. **We** reserve the right to refer the matter and details of the fraudulent **claim** to the appropriate authorities for prosecution.

8 GROUP SCHEMES

If **your plan** was started as part of a **group scheme** arrangement and the **group scheme sponsor** is acting on **your** behalf, **you** agree that the **group scheme sponsor** will have the following powers and responsibilities for the **policy**:

- > The **group scheme sponsor** may instruct **us** to start and cancel the **policy**;
- > The **group scheme sponsor** may instruct **us** to change **your plan** or level of cover;
- > The **group scheme sponsor** may instruct **us** to add or reduce the number of **members** on the **policy**;
- > The **group scheme sponsor** may amend or cancel any or all of the **plans** listed under the **policy**;
- > The **group scheme sponsor** must ensure that all premiums are paid on time as unpaid premiums may impact whether **claims** are paid;
- > The **group scheme sponsor** must ensure that all adequate consents from **members** are obtained prior to the **policy** entering into force, including consents from **members** for the processing of their personal data.

Members who are part of a **group scheme** arrangement may require the permission of the **group scheme sponsor** to amend their cover. In such circumstances, the **members** may be required to pay additional premium for such amended cover. If **you** join a **group scheme** after the scheme start or renewal date, your benefit entitlement may be adjusted on a **pro-rata** basis.

If **your policy** was arranged through a **group scheme sponsor**, **your** cover will continue as long as **you** fulfil the conditions for participation in the **group scheme** and the **group scheme sponsor** continues to pay **your** premium.

9 PREMIUM CHANGES

We may change the premium payable for our *plans* from time to time. These changes will not affect *you* until *your* next *renewal date* unless *you* change *your plan* during *your policy year*. Please note that we deduct *your tax relief* from *your* premium so *you* don't have to *claim* it back from the Revenue Commissioners. The level of *tax relief* is set by the Government and may be changed at any time which is outside our control. We are legally obliged to apply tax changes immediately and this may result in a change to the amount that *you* are required to pay to *us* for the *plans* listed in *your policy*.

10 YOUR CONTACTS

When contacting our numbers below, please quote *your membership number* which is detailed on *your* membership card.

IRISH LIFE HEALTH CUSTOMER SERVICE TEAM

Contact *us* should *you* have any queries or in order to obtain *pre- authorisation*.

Address: Customer Care Team, Irish Life Health dac,
PO Box 764, Togher, Cork
E-mail: heretohelp@irishlifehealth.ie
Telephone: (021) 480 2040

CORPORATE ENQUIRIES

E-mail: justaskus@irishlifehealth.ie
Telephone: 1890 721 721

CLAIMS SUBMISSION

For Out-patient, Day to Day or Personalised Packages *claims*, submit *your* receipts through our online claims tool (Irish Life Health Online Claiming) in *your member* secure area on www.irishlifehealth.ie. For In-patient *claims* send *your* completed *claim* form to Claims Team Team, Irish Life Health dac, PO Box 764, Togher, Cork

APPEALS

Should *you* wish to appeal a *claim* decision, *you* can contact the Customer Care Team:

- > By phone on (021) 480 2040
- > By email: heretohelp@irishlifehealth.ie
- > By post at: Claims Support Team, P.O. Box, 764, Freeport, Togher, Cork

If *you* remain dissatisfied with the appeal decision, *you* may refer *your* appeal to the Financial Services Ombudsman Bureau at the following address:

Financial Services Ombudsman's Bureau
3rd Floor, Lincoln House, Lincoln Place, Dublin 2.
Lo call: 1890 88 20 90
Fax: 01 6620890
Email: enquiries@financialombudsman.ie

INTERNATIONAL ASSISTANCE NUMBER

You must call this number in advance of receiving any *emergency care* outside *Ireland*.
Telephone: 00353 148 17840

NURSE-ON-CALL

All *Irish Life Health members* have unlimited access to a team of qualified nurses for non-emergency medical information. Nurse-on-call is a telephone based service that provides general, non-diagnostic information over the phone.

All calls will remain fully confidential.
Telephone: 1850 946 644

COMPLAINTS

We aim to give excellent service to all our *members*; however, we recognise that things may occasionally go wrong. We will do our best to deal with *your* complaint as effectively and quickly as possible.

If *you* arranged *your* cover through broker initially then *you* should direct *your* complaint to the broker through whom *you* arranged *your* cover.

Alternatively *you* can contact the Complaints Team:

- > By phone on (021) 480 2040
 - > By email: heretohelp@irishlifehealth.ie
 - > By post at: The Complaints Team, P.O. Box, 764, Freeport, Togher, Cork
- If *you* remain dissatisfied with *Irish Life Health*, *you* may refer *your* complaint to the Financial Services Ombudsman Bureau at the following address:

Financial Services Ombudsman's Bureau
3rd Floor, Lincoln House, Lincoln Place, Dublin 2.
Lo call: 1890 88 20 90
Fax: 01 6620890
Email: enquiries@financialombudsman.ie

11 DEFINITIONS

ACCIDENT

An incident that happens unexpectedly and unintentionally, resulting in *injury*.

ACUTE

Short and sharp onset and which requires immediate medical attention.

BENEFIT

Benefits are the individual pieces of cover that make up *your plan*. Each *benefit* covers a different type of medical expense or associated cost.

CLAIM

Where a *member* (or a *medical facility* or a *health care provider* on their behalf) requests payment from *Irish Life Health* of the costs that are covered by a *benefit* available under their *plan*.

CLINICAL INDICATORS

The medical criteria that must be satisfied in order for a *treatment*

or *procedure* to be deemed to be *medically necessary* by our *medical advisers*.

CONSULTANT

Consultant means a medical practitioner who:

- > is engaged in hospital practice;
- > holds all necessary qualifications to act as a *consultant* in the Republic of *Ireland*;
- > by reason of his/her training, skill and experience in a designated specialty (including appropriate specialist training) is consulted by other registered medical practitioners and undertakes full clinical responsibility for patients in his or her care, or that aspect of care on which he or she has been consulted, without supervision in professional matters by any other person and;
- > holds a current full registration as a specialist with the Medical Council of Ireland and is listed

on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of **Ireland**.

In relation to **treatments** and **procedures** which are performed outside **Ireland**, a **consultant** is a surgeon, physician or anaesthetist who is legally qualified and recognised to provide the **treatment** or **procedure** in that country on a tertiary referral basis.

CONVALESCENCE HOME

A nursing home registered pursuant to the Health (Nursing Homes) Act 1990 which is approved by the Health Information and Quality Authority and retains a current registration with that body. A link to the Health Information and Quality Authority's list of registered convalescence/nursing homes can be found at irishlifehealth.ie.

COSMETIC SURGERY

Treatments or **procedures** or part of a **treatment** or **procedure** which are purely aesthetic and are intended to improve the **member's** appearance for psychological or personal reasons and which are not **medically necessary**.

DAY CASE

A patient who is admitted to a **medical facility** but who does not stay overnight. This includes patients who are admitted to a **medical facility** to receive **side room procedures**.

DENTIST

A dental practitioner, who:

- > holds a current full registration with the Irish Dental Council,
- > is on the Register of **Dentists**,
- > is qualified to practice as a primary medical care physician,
- > holds a primary medical qualification

DIRECT SETTLEMENT

Where **we** settle your bill with **your medical facility** or **health care providers** directly so **you** don't have to pay them and **claim** it back from **us**.

EEA

The **EEA** includes EU countries and also Iceland, Liechtenstein and Norway.

ELECTIVE TREATMENTS OR PROCEDURES

Any **treatment** or **procedure** that is scheduled in advance because it does not involve **emergency care**.

EMERGENCY CARE

Medical care required to treat a sudden, unexpected, **acute** medical or surgical condition that without **medical care** within 48 hours of onset would result in death or cause serious impairment of critical bodily functions.

ESTABLISHED TREATMENT

A **treatment** or **procedure** that is, in the opinion of our **medical advisers**, an established clinical practice for the purpose for which it has been prescribed, is supported by publication in Irish or international peer reviewed journals, and is proven and not experimental.

EXCESS

The part of a **claim** which must be paid by the **member** and which applies after all co-payments and shortfalls are paid.

FIRST DEGREE RELATIVE

A blood related parent, brother, sister, son or daughter of a **member**.

FOLLOW ON CARE

Medical care received after **emergency care** ends including convalescence or **rehabilitation**.

GENERAL PRACTITIONER / GP

A medical practitioner who holds all necessary qualifications to act as a general practitioner in **Ireland**, holds a current full registration with the Irish Medical Council and is registered with **Irish Life Health**.

GOVERNMENT LEVY

A stamp duty which health insurers must pay to the Revenue Commissioners on each health

insurance **plan** sold. The **government levy** is paid into a central fund and is redistributed by the government to maintain a health insurance system where a person's age or health does not determine the level of premium they pay. The **government levy** is included in **your** premium for each of the **plans** listed in **your policy**. Where **your** premiums are being paid monthly, **we** disburse the cost of the **government levy** evenly across **your** payments. Details of the amount of the **government levy** are set out in **your** membership certificate.

GROUP SCHEME

A collection of **members** who are insured by **Irish Life Health** as a group under the instructions of a **group scheme sponsor**.

GROUP SCHEME SPONSOR

A **group scheme sponsor** is a natural or legal person whether an employer, association, professional body or otherwise who arranges or facilitates for a group of persons to receive health insurance cover from **Irish Life Health** as a **group scheme**.

HAZARDOUS SPORTS

Any dangerous sporting activity including, but not limited to: hunting, shooting, mountaineering, rock climbing, motor sports including motor cycle sport, quad-biking, aviation other than as a fare paying passenger, ballooning, bungee jumping, hang gliding, microlighting, parachuting, paragliding or parasending, potholing or caving, power boat racing, water rafting, competitive yachting or sailing, bobsleighting, off-piste skiing, competitive canoeing or kayaking, boxing, wrestling, karate, judo or martial arts, scuba diving, any professional sporting activity, or extreme sports such as free diving, base jumping and ice climbing.

HEALTH CARE PROVIDER

A **consultant**, **GP**, **dentist**, **oral surgeon** or **periodontist**.

IMMEDIATE FAMILY

Your parent, child, sibling, spouse and partner.

INJURY

A wound or trauma inflicted on the body by an external force.

IN-PATIENT

A patient who is admitted to a **medical facility** and who occupies a bed overnight or for longer for **medically necessary** reasons.

IRISH LIFE HEALTH

Irish Life Health dac.

HOSPITAL COSTS

Charges imposed by a **medical facility** on an **in-patient** for **medically necessary** services provided by such **medical facility** to such **in-patient**, excluding the costs of take home drugs and the costs of telephone calls made whilst the patient was admitted. The professional fees of **consultants** are not part of **your hospital costs**.

INTERNATIONALLY RECOGNISED HOSPITAL

An institution that is, in the opinion of our **medical advisers**, legally licensed as a medical or surgical hospital under the laws of the country in which it is situated.

IRELAND

The Republic of Ireland excluding Northern Ireland.

LEVEL 1 PLANS

These are: Select, Select Starter, Select with Day 2 Day and Emergency packs, Select with Day 2 Day pack, Select with Emergency Access pack, Day2Day Focus, Day2Day Focus.1, Health Starter, Level 1 Everyday, Level 1 Health Cover, Level 1 Hospital, me plan level 1, me plan level 1 with day-to-day 50, me plan level 1 with day-to-day me, Value Focus, we plan level 1, we plan level 1 with day-to-day 50 and we plan level 1 with day-to-day.

MEDICAL ADVISER

A fully qualified **GP, consultant** or nurse who holds all the necessary registrations to practice in **Ireland** and who provides medical advice to **Irish Life Health**.

MEDICAL CARE

Care relating to the science or practice of medicine.

MEDICAL FACILITY

A hospital, scan centre, or treatment centre.

MEDICALLY NECESSARY

Medical care which is prescribed by a **consultant, GP, dentist, oral surgeon or periodontist**, and which, in the opinion of our **medical advisers**, is generally accepted as appropriate with regard to good standards or medical practice and:

- i) is consistent with the **member's** symptoms or diagnosis or **treatment**;
- ii) is necessary for such a diagnosis or **treatment**;
- iii) is not provided primarily for the convenience of the **member**, the **medical facility** or **health care provider** or at the request of the **member**;
- iv) is furnished at the most appropriate level, which can be safely and effectively provided to the **member**;
- v) is for **procedures** and investigations that are medically proven and appropriate;
- vi) does not include extended convalescence or palliative care.

MEMBER

A person named on a **policyholder's policy**. Each **member** will be covered to the level of **benefits** available under the **plan** assigned to him/her by the **policyholder**.

MEMBERSHIP NUMBER

The number assigned by **us** to a **member**. Each person named on the **policy** has a separate **membership number**, as set out in the membership certificate.

MINIMUM BENEFIT REGULATIONS

The Health Insurance Act 1994 S.I. 83/1996 (Minimum Benefit) Regulations, 1996 made pursuant to the Health Insurance Act 1994 as amended. The **Minimum Benefit Regulations** set out the minimum payments that all health insurers must make in respect of health services that are listed in those regulations. These health services are known as prescribed health services. **You** are guaranteed to receive cover to the level set out in the **Minimum Benefit Regulations** in respect of prescribed health services.

NEWBORN

A child under 13 weeks of age who is born to or adopted by a **member**.

ORAL SURGEON

A **dentist** who is on the Specialist Register of Oral **Consultants** maintained by the Dental Council of **Ireland** and who is registered with **Irish Life Health**.

OUT-PATIENT

A patient who receives a **procedure, treatment** or medical service without being an **in-patient** or **day case**.

PERIODONTIST

A **dentist** who has completed a 3 year post graduate training course which is, or is recognised as, equivalent to training courses accredited by the European Federation of Periodontists.

PLAN

A package of health insurance **benefits**. **Policyholders** choose the **plans** which apply to each **member** named on their **policy** when they take out their **policy**.

POLICY

The health insurance contract between the **policyholder** and **Irish Life Health** under which the **policyholder** and **members** (if applicable) are insured by **Irish Life Health**.

POLICYHOLDER

The person who holds a contract of insurance with **Irish Life Health** for the **benefit** of themselves and the **members** named on their **policy**. The **policyholder** is responsible for paying the premiums for all the **plans** listed in that **policy**.

POLICY YEAR

The period for which a **policyholder** and **members** are insured under a **policy**. All **policies** run for a period of one year.

PRE-AUTHORISATION / PRE-AUTHORISED / PRE-AUTHORISE

Irish Life Health must agree in advance before certain **treatments** and **procedures** will be covered. This consent is known as **pre-authorisation**. The Schedule of Benefits and the GP Booklet set out the **treatments** and **procedures** that require **pre-authorisation**.

PRE-EXISTING CONDITION

Any ailment, illness or condition that, on the basis of medical advice, the signs or symptoms of which existed at any time in the period of 6 months ending on the day on which **you** became insured for the first time or took out health insurance after a break in cover for 13 weeks or more.

PRIVATE HOSPITAL

A hospital categorised as a **private hospital** in the tables of **medical facilities** in section 12 of this Membership Handbook.

PRIVATE ROOM

- A room in a **private hospital** which contains only one bed, or
- A room in a **public hospital** which contains only one bed

PROCEDURE

A medical process or course of action. Use of the term '**procedure**' will include **surgical procedures**, where appropriate.

PRO-RATA

In proportion, proportional or proportionally as appropriate.

Where benefits are available on a pro-rata basis, the **benefit** entitlement may be adjusted based on the number of days the **member** is actually insured for.

PUBLIC HOSPITAL

A publicly funded hospital other than a nursing home which provides services to a person pursuant to his or her entitlements under Chapter 11 of Part IV of the Irish Health Act 1970 and is categorised as a **public hospital** in the tables of **medical facilities** in section 12 of this Membership Handbook.

PUBLIC HOSPITAL LEVY

The public hospital levy is a daily charge imposed by public hospitals on in-patients and day case patients. The public hospital levy will be charged for a maximum of 10 days in any period of 12 consecutive months.

REASONABLE AND CUSTOMARY COSTS

Medical expenses that are of a similar level to those **claimed** by the majority of our **members** for similar **medical care** carried out in **Ireland**.

REHABILITATION

Long term, sub-acute **treatment** that aims to restore a person's maximum physical or mental capabilities after a disabling illness or **injury** that cannot normally be restored by **medical care**.

RENEWAL DATE

The day after the final day of a **policy year**. The **policyholder's** next **renewal date** is shown on the **policyholder's** membership certificate.

SEMI-PRIVATE ROOM

- > A room in a **private hospital** which contains not more than five beds, or
- > A room in a **public hospital** which contains not more than five beds

SIDE ROOM PROCEDURE

A **treatment** or **procedure** which is classified as a **side room procedure** in the Schedule of Benefits or the GP Booklet.

SURGICAL PROCEDURE/ SURGERY

The **treatment** of disease, **injury** or deformity by instrumental intervention.

SUBSTANCE ABUSE

A mental or physical condition caused directly or indirectly by taking any chemical substance or solvent unless a general practitioner or **consultant** has prescribed it.

TAX RELIEF

Tax relief on health insurance payments. Everybody is entitled to **tax relief** on some or all of the premium they pay for health insurance. **Tax relief** on health insurance premiums is applied at source. This means that **we claim your tax relief** from the Revenue Commissioners on **your** behalf and automatically reduce the premium you pay **us** for the **plans** listed on **your** policy by this amount.

TERMINAL ILLNESS

An incurable disease, which, in the opinion of our **medical advisers** or an attending **consultant**, will result in a life expectancy of less than one year.

TRANSPLANTS

The transfer of tissue or organ(s) from its original position to a new position(s) necessary to treat irreversible end stage failure of the relevant tissue or organ(s) including heart, combined heart and lung, lung (single and bilateral), simultaneous pancreas and kidney, liver, small bowel, kidney, simultaneous small bowel and liver, bone marrow or stem cells and which are subject to the National Waiting List for Organ Transplants.

TREATMENT

Any health service a person needs for the medical investigation, cure, or alleviation of the symptoms of illness or **injury**.

VISIT

A consultation with an approved medical provider, allied health professional, specified service provider or other practitioner listed in this handbook.

WE, US

Irish Life Health dac.

WORKING DAY

Monday to Friday excluding bank holidays.

YOU, YOUR

The **policyholder** and any **member(s)** named under a **policy**.

11.1 DIRECTORY OF ALLIED HEALTH PROFESSIONALS, ALTERNATIVE (COMPLEMENTARY) AND OTHER PRACTITIONERS

Allied Health Professionals

Breastfeeding consultant	A registered midwife who is also a member of the ALCI (Association of Lactation Consultants in Ireland and who holds International Board Certified Lactation Consultant (IBCLC) membership.
Chiroprapist	A member of one of the following Societies: > The Society for Chiropradists/Podiatrists > Society of Chiropradists and Podiatrists in Ireland > Institute of Chiropradists and Podiatrists in Ireland > Irish branch of the British Chiroprady and Podiatry Association > The Irish Chiropradists/Podiatrists Organisation Ltd
Clinical psychologist	A person who is a full member of the Division of Clinical Psychology of the Psychological Society of Ireland.
Dietician	A dietetic professional who is registered with CORU (Health & Social Care Professionals Council)
Midwife	A person who is registered as a midwife with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).
Nurse (also including paediatric nurse)	A nurse who is registered with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).
Occupational therapist	An occupational therapy professional who is registered with CORU (Health & Social Care Professionals Council)
Optometrist	An eye health professional who is registered with CORU (Health & Social Care Professionals Council)
Physiotherapist	A chartered physiotherapist, who is a member of the Irish Society of Chartered Physiotherapists or a member of the Chartered Society of Physiotherapists.
Podiatrist	A member of one of the following Societies: > The Society for Chiropradists/Podiatrists > Society of Chiropradists and Podiatrists in Ireland > Institute of Chiropradists and Podiatrists in Ireland > Irish branch of the British Chiroprady and Podiatry Association > The Irish Chiropradists/Podiatrists Organisation Ltd.
Speech and language therapist	A speech and language therapy professional who is registered with CORU (Health & Social Care Professionals Council)

Alternative (Complementary) and Other Practitioners

Acupuncturist	A person who is on the professional register of one of the following bodies: > The Acupuncture Council of Ireland (TCMCI Ltd) > The Acupuncture Foundation Professional Association > The Professional Register of Traditional Chinese Medicine
Baby massage therapist	A member of Baby Massage Ireland,(BMI) the Irish chapter of International Association of Infant Massage

Chiropractor	A member of one of the following Associations: > The Chiropractic Association of Ireland > McTimony Chiropractic Association of Ireland
Homeopath	A person who is on the professional register of one of the following Societies: > The Irish Society of Homeopaths > The Irish Medical Homeopathic Society
Life Coach	The life coach must be a Master or Professional coach registered with one of the following bodies; International Coach Federation (ICF) Ireland or Life and Business Coaching Association of Ireland (LBCAI) or have a degree in psychology/ sports science and a postgraduate qualification in psychology (min. masters)
Massage therapist	A member of the Irish Massage therapists Association.
Medical herbalist	A member of the Irish Institute of Medical herbalists (IIMH).
Nutritionist	A Member of the Irish Nutrition & Dietetic Institute
Osteopath	A member of The Osteopathic Council of Ireland.
Physical therapist (Sports rehabilitation therapist)	A member of one of the following Associations: > Irish Association of Physical therapists > Register of Orthopaedic and Soft Tissue Therapists of Ireland > Association of Neuromuscular Therapists > Irish Institute of Physical therapists > A member of the British Association of Sports Rehabilitators and Trainers
Psychologist	A member of the Irish Association for Counselling & Psychotherapy or a member of the Psychological Society of Ireland.
Reflexologist	A member of the National Register of Reflexologists (Ireland), Irish Reflexologists' Institute.
Pregnancy pilates instructor	Standard pilates practice hours requirement plus must have completed a pregnancy pilates course which is recognised by Pilates Teacher Training Ireland (PTTI).
Pregnancy yoga instructor	Standard yoga practice hours requirement plus must have completed a pregnancy yoga course which is recognised by the Yoga Alliance or Yoga Therapy Ireland.

12 LISTS OF MEDICAL FACILITIES

Please refer to **your** Table of Cover to check whether list 1, 2, 3 or 4 applies to **your plan**.

A. Hospitals	Hospital type	Direct Settlement	List 1	List 2	List 3	List 4
Cavan						
Cavan General Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Clare						
Midwestern Regional Hospital, Ennis	Public hospital	Yes	Covered			
Cork						
Bantry General Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Bon Secours Hospital	Private hospital	Yes	Covered			
Cork University Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Cork University Maternity	Public hospital	Yes	Covered	Covered	Covered	Covered
Mallow General Hospital	Public hospital	Yes	Covered			
Mater Private Hospital Cork	Private hospital	Yes	Covered	Covered	Covered	
Mercy University Hospital, Grenville Place	Public hospital	Yes	Covered	Covered	Covered	Covered
South Infirmary / Victoria University Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
St. Patrick's (Marymount Hospice)	Public hospital (hospice)	Yes	Covered	Covered		
Donegal						
Letterkenny General Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Dublin						
Beacon Hospital, Sandyford, D18	High-tech hospital	Yes	Covered	Covered	Covered	

A. Hospitals	Hospital type	Direct Settlement	List 1	List 2	List 3	List 4
Beaumont Hospital, Santry, D9	Public hospital	Yes	Covered	Covered	Covered	Covered
Blackrock Clinic, Co. Dublin	High-tech hospital	Yes	See Table of Cover			
Blackrock Hospice (part only), Co. Dublin	Public hospital (hospice)	Yes	Covered	Covered		
Bon Secours Hospital, Glasnevin, D9	Private hospital	Yes	Covered	Covered	Covered	
Cappagh National Orthopaedic Hospital, Finglas, D11	Public hospital	Yes	Covered	Covered		
Children's University Hospital, Temple St.	Public hospital	Yes	Covered	Covered	Covered	Covered
Connolly Hospital	Public hospital	Yes	Covered			
Coombe Women's and Infant's University Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Hampstead Acute Unit, Dublin 9	Private hospital	Yes	Covered	Covered		
Hermitage Medical Clinic Lucan	Private hospital High Tech Hospital for Level 1 plans*	Yes	Covered	Covered	Covered	
Highfield Private hospital, Whitehall, D9	Private hospital	Yes	Covered	Covered		
Incorporated Orthopaedic Hospital of Ireland, Clontarf, D3	Public hospital	Yes	Covered			
La Ginesa - St John of God	Private hospital	Yes	Covered	Covered		
Mater Misericordiae University Hospital, D7	Public hospital	Yes	Covered	Covered	Covered	Covered
Mater Private hospital, D7	High-tech hospital	Yes	See Table of Cover			
National Maternity Hospital, Holles St, D2	Public hospital	Yes	Covered	Covered	Covered	Covered
Our Lady's Hospice, Harold's Cross (part only), Dublin 6W	Public hospital (hospice)	Yes	Covered	Covered		
Our Lady's Hospital for Sick Children, Crumlin, D12	Public hospital	Yes	Covered	Covered	Covered	Covered
Peamount Hospital, Newcastle, Co. Dublin	Public hospital	Yes	Covered			
Rotunda Hospital, D1	Public hospital	Yes	Covered	Covered	Covered	Covered
Royal Victoria Eye and Ear Hospital, D2	Public hospital	Yes	Covered	Covered	Covered	Covered
Sports Surgery Clinic, Santry, D9	Private hospital	Yes	Covered	Covered	Covered	
St. Columcille's Hospital, Loughlinstown, Co. Dublin	Public hospital	Yes	Covered			
St. Edmundsbury Private hospital, Lucan, Co. Dublin	Private hospital	Yes	Covered			
St. James's Hospital, D8	Public hospital	Yes	Covered	Covered	Covered	Covered
St. John of God Hospital, Stillorgan, Co. Dublin	Private hospital	Yes	Covered	Covered		
St. Joseph's, Raheny, D5	Public hospital	Yes	Covered			
St. Luke's Hospital, Rathgar, D6	Public hospital	Yes	Covered			
St. Michael's Hospital, Dun Laoghaire, Co. Dublin	Public hospital	Yes	Covered			
St. Patrick's University Hospital, D8	Private hospital	Yes	Covered			
St. Vincent's Hospital, Fairview, D3	Public hospital	Yes	Covered	Covered	Covered	Covered
St. Vincent's Private Hospital, D4	Private hospital	Yes	Covered	Covered	Covered	
St. Vincent's University Hospital, D4	Public hospital	Yes	Covered	Covered	Covered	Covered
The Adelaide and Meath Hospital incorporating The National Children's Hospital, Tallaght, D24 (Tallaght Hospital)	Public hospital	Yes	Covered	Covered	Covered	Covered
UPMC Cancer Centre, Beacon Hospital, D18	Private hospital	Yes	Covered	Covered	Covered	
Galway						
Merlin Park Regional Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered

A. Hospitals	Hospital type	Direct Settlement	List1	List 2	List 3	List 4
Bon Secours Hospital, Renmore	Private hospital	Yes	Covered			
Galway Clinic	Private hospital High Tech Hospital for Level 1 plans*	Yes	Covered	Covered	Covered	
Portiuncula Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
University College Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Kerry						
Bon Secours Hospital, Tralee	Private hospital	Yes	Covered			
Kerry General Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Kildare						
Clane General Hospital	Private hospital	Yes	Covered	Covered	Covered	
Naas General Hospital	Public hospital	Yes	Covered			
Kilkenny						
Aut Even Hospital	Private hospital	Yes	Covered	Covered	Covered	
Lourdes Orthopaedic Hospital, Kilcreene	Public hospital	Yes	Covered	Covered		
St. Luke's General Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Loais						
Midland Regional Hospital (Portlaoise)	Public hospital	Yes	Covered	Covered	Covered	Covered
Leitrim						
Our Lady's Hospital (Manorhamilton)	Public hospital	Yes	Covered			
Limerick						
Barrington's Hospital	Private hospital	Yes	Covered	Covered	Covered	
University Hospital Limerick (Mid-Western Regional Hospital)	Public hospital	Yes	Covered	Covered	Covered	Covered
Mid-Western Regional Maternity Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Mid-Western Regional Orthopaedic Hospital	Public hospital	Yes	Covered	Covered		
Mid-Western Radiation Oncology Unit	Private hospital	Yes	Covered	Covered	Covered	
Milford Care Centre	Public hospital	Yes	Covered	Covered	Covered	Covered
St. John's Hospital	Public hospital	Yes	Covered			
Louth						
Louth County Hospital, Dundalk	Public hospital	Yes	Covered			
Our Lady of Lourdes Hospital, Drogheda	Public hospital	Yes	Covered	Covered	Covered	Covered
Mayo						
Mayo General Hospital (Castlebar)	Public hospital	Yes	Covered	Covered	Covered	Covered
Meath						
Our Lady's Hospital (Navan)	Public hospital	Yes	Covered			
Monaghan						
Monaghan General Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Offaly						
Midland Regional Hospital (Tullamore)	Public hospital	Yes	Covered	Covered	Covered	Covered
Roscommon						

A. Hospitals	Hospital type	Direct Settlement	List 1	List 2	List 3	List 4
Roscommon County Hospital	Public hospital	Yes	Covered			
Sligo						
Kingsbridge Private Hospital (Garden Hill)	Private hospital	Yes	Covered	Covered	Covered	
Sligo General Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Tipperary						
Mid-Western Regional Hospital Nenagh (St. Joseph's)	Public hospital	Yes	Covered			
South Tipperary General Hospital (Clonmel)	Public hospital	Yes	Covered			
Waterford						
Whitfield Clinic, Butlerstown North	Private hospital	Yes	Covered	Covered	Covered	
Waterford Regional Hospital	Public hospital	Yes	Covered	Covered	Covered	Covered
Westmeath						
Midland Regional Hospital (Mullingar)	Public hospital	Yes	Covered	Covered	Covered	
St. Francis Private Hospital (Mullingar)	Private hospital	Yes	Covered	Covered	Covered	
Wexford						
Ely Hospital, Ferrybank	Public hospital	Yes	Covered			
Wexford General Hospital	Public hospital	Yes	Covered	Covered	Covered	

Northern Ireland						
Antrim						
Royal Victoria Hospital (Belfast)	Private hospital	No	Covered			
Ulster Independent Clinic (Belfast)	Private hospital	Yes	Covered			
Derry						
Altnagelvin Area Hospital	Private hospital	Yes	Covered			
North West Independent Hospital (Ballykelly)	Private hospital	Yes	Covered			
Down						
Daisy Hill Hospital (Newry)	Private hospital	Yes	Covered			

B. Treatment Centres	Facility Type	Location	Direct Settlement	List 1	List 2	List 3	List 4
Bushypark Treatment Centre, Ennis	Addiction centre	Clare	Yes	Covered †			
Cork Clinic, Western Road (limited to hysteroscopy and cystoscopy only)	Treatment centre	Cork	Yes	Covered	Covered	Covered	
Cuan Mhuire (Farnanes)	Addiction centre	Cork	Yes	Covered †	Covered †	Covered †	
Tabor Lodge, Belgooly	Addiction centre	Cork	Yes	Covered †	Covered †	Covered †	
White Oaks Treatment Centre	Addiction centre	Donegal	Yes	Covered †	Covered †	Covered †	
Eccles Clinic, Dublin 7	Treatment centre	Dublin	Yes	Covered	Covered	Covered	
M.S. Care Centre, Rathgar, D6	Respite care	Dublin	Yes	Covered	Covered		
Park West Clinic, Nangor Rd., D12	Treatment centre	Dublin	Yes	Covered	Covered	Covered	
Rutland Centre, Knocklyon, D16	Addiction centre	Dublin	Yes	Covered †	Covered †		
Cuan Mhuire, Coolarne	Addiction centre	Galway	Yes	Covered †	Covered †	Covered †	

Talbot Grove Centre, Castleisland	Addiction centre	Kerry	Yes	Covered †			
Cuan Mhuire, Athy	Addiction centre	Kildare	Yes	Covered †	Covered †	Covered †	
Aislinn Treatment Centre, Ballyragget	Addiction centre	Kilkenny	Yes	Covered †			
Rushelodge Treatment Centre, Kilclare, Carrick-on-Shannon	Addiction centre	Leitrim	Yes	Covered †	Covered †	Covered †	
Cuan Mhuire (Bruree)	Addiction centre	Limerick	Yes	Covered †	Covered †	Covered †	
Hope House (Foxford)	Addiction centre	Mayo	Yes	Covered †			
Aiséiri Centre (Cahir)	Addiction centre	Tipperary	Yes	Covered †			
Aiséiri Centre (Roxborough)	Addiction centre	Wexford	Yes	Covered †			

C. Scan Facilities: Approved MRI Scan Facilities	Facility Type	Location	Direct Settlement	Approved Cardiac Scan Facilities	List 1	List 2	List 3	List 4
Bon Secours Hospital	Private hospital	Cork	Yes	No	Covered			
Alliance Medical at Cork University Hospital	Public hospital	Cork	Yes	Yes	Covered	Covered	Covered	Covered
Alliance Medical Mater Private Cork	Scan centre	Cork	Yes	No	Covered	Covered	Covered	
Affidea Cork, The Elysian	Scan centre	Cork	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical at Mercy University Hospital	Public hospital	Cork	Yes	Yes	Covered	Covered	Covered	Covered
Trans Specialists at South Infirmary / Victoria University Hospital	Public hospital	Cork	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical at North West Independent Hospital (Ballykelly)	Scan centre	Derry	Yes	No	Covered			
Affidea Letterkenny	Scan centre	Donegal	Yes	No	Covered	Covered	Covered	Covered
Letterkenny General Hospital	Public hospital	Donegal	Yes	No	Covered	Covered	Covered	Covered
Affidea Dundrum, Rockfield Medical Campus, Balally, Dublin 16	Scan centre	Dublin	Yes	No	Covered	Covered	Covered	Covered
Affidea at The Meath Primary Care Centre, Dublin 8	Scan centre	Dublin	Yes	No	Covered	Covered	Covered	Covered
Affidea Northwood, Santry, Dublin 9	Scan centre	Dublin	Yes	No	Covered	Covered	Covered	Covered
Affidea Tallaght, Dublin 24	Scan centre	Dublin	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical at Charter Medical Group	Scan centre	Dublin	Yes	Yes	Covered	Covered	Covered	Covered
Beacon Hospital, Sandyford, Dublin 18	Private hospital	Dublin	Yes	No	Covered	Covered	Covered	
Blackrock Clinic, Co. Dublin	Private hospital	Dublin	Yes	Yes	Covered			
Bon Secours Hospital (Glasnevin), Dublin 9	Private hospital	Dublin	Yes	No	Covered	Covered	Covered	
Hermitage Clinic Lucan	Private hospital High-tech hospital for Level 1 plans *	Dublin	Yes	Yes	Covered	Covered	Covered	
Mater Private hospital, Dublin 7	Private hospital	Dublin	Yes	No	Covered			
Sports Surgery Clinic, Santry, Dublin 9	Private hospital	Dublin	Yes	No	Covered	Covered	Covered	
St. James' Hospital, Dublin 8	Public hospital	Dublin	Yes	No	Covered**	Covered**	Covered**	Covered**
Bon Secours Hospital, Renmore	Private hospital	Galway	Yes	No	Covered			
Galway Clinic	Private hospital High-tech hospital for Level 1 plans *	Galway	Yes	No	Covered	Covered	Covered	
Alliance Medical at Merlin Park	Scan centre	Galway	Yes	Yes	Covered	Covered	Covered	Covered
Alliance Medical Portlucula	Scan centre	Galway	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical at Bon Secours Tralee	Scan centre	Kerry	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical at Clane General Hospital	Scan centre	Kildare	Yes	No	Covered	Covered	Covered	
Affidea at Vista Primary Care Centre	Scan centre	Kildare	Yes	No	Covered	Covered	Covered	Covered
Aut Even Hospital	Private hospital	Kilkenny	Yes	No	Covered	Covered	Covered	
Affidea, Dean Street Clinic, Kilkenny	Scan centre	Kilkenny	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical at Barringtons Hospital	Scan centre	Limerick	Yes	Yes	Covered	Covered	Covered	Covered

Limerick Clinic, City Gate House, Raheen Business Park	Scan centre	Limerick	Yes	No	Covered	Covered	Covered	
Alliance Medical at Our Lady Of Lourdes Hospital, Drogheda	Scan centre	Louth	Yes	Yes	Covered	Covered	Covered	Covered
Alliance Medical at Tullamore Regional Hospital	Scan centre	Offaly	Yes	No	Covered	Covered	Covered	Covered
Affidea at Sligo General Hospital	Scan centre	Sligo	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical at Tipperary South General Hospital (Clonmel)	Scan centre	Tipperary	Yes	No	Covered	Covered	Covered	Covered
Affidea Dunmore Rd, Waterford	Scan centre	Waterford	Yes	No	Covered	Covered	Covered	Covered
Whitfield Clinic, Butlerstown North	Private hospital	Waterford	Yes	No	Covered	Covered	Covered	
St. Francis Private hospital (Mullingar)	Private hospital	Westmeath	Yes	No	Covered	Covered	Covered	

C. Scan Facilities: Approved CT Facilities	Facility Type	Location	Direct Settlement	Approved Cardiac Scan Facilities	List 1	List 2	List 3	List 4
Affidea Cork, The Elysian	Scan centre	Cork	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical at Mater Private Cork	Scan centre	Cork	Yes	Yes	Covered	Covered	Covered	
Affidea Dundrum, Rockfield Medical Campus, Balally, Dublin 16	Scan centre	Dublin	Yes	No	Covered	Covered	Covered	Covered
Affidea Tallaght, Dublin 24	Scan centre	Dublin	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical at Charter Medical	Scan centre	Dublin	Yes	No	Covered	Covered	Covered	Covered
Beacon Hospital, Sandyford, Dublin 18	Private hospital	Dublin	Yes	Yes	Covered	Covered	Covered	
Beaumont Consultants Private Clinic, Santry, Dublin 9	Private hospital	Dublin	Yes	No	Covered	Covered	Covered	
Blackrock Clinic, Co. Dublin	Private hospital	Dublin	Yes	Yes	Covered			
Bon Secours Hospital, Glasnevin Dublin 9	Private hospital	Dublin	Yes	No	Covered	Covered	Covered	
Hermitage Clinic Lucan	Private hospital High-tech hospital for Level 1 plans *	Dublin	Yes	No	Covered	Covered	Covered	
Mater Private hospital, Dublin 7	Private hospital	Dublin	Yes	No	Covered			
St. James' Hospital, Dublin 8	Public hospital	Dublin	Yes	No	Covered**	Covered**	Covered**	Covered**
St. Vincent's Private hospital, Dublin 4	Private hospital	Dublin	Yes	No	Covered	Covered	Covered	
Bon Secours Hospital, Renmore	Private hospital	Galway	Yes	No	Covered			
Galway Clinic	Private hospital High-tech hospital for Level 1 plans *	Galway	Yes	Yes	Covered	Covered	Covered	
Alliance Medical at Merlin Park	Scan centre	Galway	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical at Bon Secours Tralee	Scan centre	Kerry	Yes	No	Covered	Covered	Covered	Covered
Alliance Medical at Clane General Hospital	Scan centre	Kildare	Yes	No	Covered	Covered	Covered	Covered
Affidea - Vista Primary Care (Naas)	Scan centre	Kildare	Yes	No	Covered	Covered	Covered	Covered
Barringtons Hospital	Scan centre	Limerick	Yes	No	Covered	Covered	Covered	Covered
Limerick Clinic, City Gate House, Raheen Business Park	Scan centre	Limerick	Yes	No	Covered	Covered	Covered	
Affidea Dunmore Rd, Waterford	Scan centre	Waterford	Yes	No	Covered	Covered	Covered	Covered
UPMC Whitfield, Butlerstown North	Private hospital	Waterford	Yes	No	Covered	Covered	Covered	

C. Scan Facilities: Approved PET-CT Facilities	Facility Type	Location	Direct Settlement	List 1	List 2	List 3	List 4
Alliance Medical at Cork University Hospital	Public hospital	Cork	Yes	Covered	Covered	Covered	Covered
Beacon Hospital, Sandyford, Dublin 18	Private hospital	Dublin	Yes	Covered	Covered	Covered	
Blackrock Clinic, Co. Dublin	Private hospital	Dublin	Yes	Covered			
Hermitage Clinic Lucan	Private hospital, High-tech hospital for Level 1 plans *	Dublin	Yes	Covered	Covered	Covered	
Mater Private hospital, Dublin 7	Private hospital	Dublin	Yes	Covered			
St. James's Hospital, Dublin 8	Public hospital	Dublin	Yes	Covered	Covered	Covered	Covered
Galway Clinic	Private hospital, High-tech hospital for Level 1 plans *	Galway	Yes	Covered	Covered	Covered	
UPMC Cancer Centre Whitfield Clinic	Private hospital	Waterford	Yes	Covered	Covered	Covered	

***Level 1 plans** are: Select, Select Starter, Select with Day 2 Day and Emergency packs, Select with Day 2 Day pack, Select with Emergency Access pack, Day2Day Focus, Day2Day Focus.1, Health Starter, Level 1 Everyday, Level 1 Health Cover, Level 1 Hospital, me plan level 1, me plan level 1 with day-to-day 50, me plan level 1 with day-to-day me, Value Focus, we plan level 1, we plan level 1 with day-to-day 50 and we plan level 1 with day-to-day.

**Referrals must be made by an oncologist or other clinician at St. James' Hospital and must be related to the diagnosis, treatment or staging of a cancer. These lists are subject to change and are correct at time of going to print, 1st December 2017. For the most up-to-date lists, visit irishlifehealth.ie

†Cover may be limited to specific treatment programmes only. Length of stay covered under your plan will be determined by the specific programme or evidence based model employed by the treatment centre based on what is deemed medically necessary and clinically appropriate for the member's presenting condition.

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All information included in this Membership Handbook is correct at time of going to print, 1st December 2017. For full details and terms and conditions you can access Membership Handbooks on www.irishlifehealth.ie or call us on (021) 480 2040.

SOLVENCY AND FINANCIAL CONDITION REPORT

When published, Irish Life Health's Solvency and Financial Condition Report will be available on its website at www.irishlifehealth.ie

